



Date: 15 September 2023  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 27 September 2023 at 2.30 pm.**

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

**Anne-Marie Monaghan**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY 27 SEPTEMBER 2023 AT 2.30 pm**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of Previous Meeting held 16 August 2023 (copy attached, pages 5 - 18).**
- 4. Matters Arising (copy attached, pages 19 - 22).**
- 5. Rolling Action Log (copy attached, pages 23 - 26).**
- 6. Audited Annual Report and Accounts (copy to follow).**
- 7. Revenue Budget Monitoring Report (copy to follow).**
- 8. Savings Recovery and Renewal Programme (copy attached, pages 27 - 44).**
- 9. Charging for Services (copy attached, pages 45 - 64).**
- 10. Chief Social Work Officer Annual Report (copy attached, pages 65 - 110).**
- 11. Clinical and Care Governance Annual Report (copy attached, pages 111 - 142).**
- 12. IJB Strategic Risk Register Annual Update (copy attached, pages 143 - 160).**
- 13. National Care Service - Presentation by Julie Murray.**
- 14. Delayed Discharge position - Presentation by Lee McLaughlin.**
- 15. Calendar of Meetings – 2024 (copy attached, pages 161 - 164).**

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**Minute of virtual meeting of the East Renfrewshire Integration Joint Board held at 10.00am on 16 August 2023**

**PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair) (in the Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
Councillor Paul Edlin	East Renfrewshire Council
Councillor Owen O'Donnell	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Jennifer McKean	Senior Manager, Intensive Services and Justice
Julie Murray	Chief Officer – IJB
Lynne Rankin	Staff Side Representative (ERC)
Anne Marie Kennedy	Non-Voting IJB Member
Julie Fitzpatrick	Interim Chief Nurse
Dianne Foy	NHS Greater Glasgow and Clyde Board
Raymond Prior	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Lynne Siddiqui	AHP Lead
Geoff Mohammed	Carer's Representative
Andrew McCready	NHS Staff Side Representative
Mehvish Ashraf	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Arlene Cassidy	Children's Services Strategy Manager
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Jacqueline Laing	Eastwood Locality Manager
Ian Marland	Communications Officer, East Renfrewshire Council
Lee McLaughlin	Head of Adult Services – Communities and Well-being
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Robert Price	Practice, Policy and Improvement Manager, East Renfrewshire Council
Colin Sweeney	Democratic Services Manager, East Renfrewshire Council

**APOLOGIES FOR ABSENCE**

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lynsey Allan	Scottish Care

**1. DECLARATIONS OF INTEREST**

There were no declarations of interest intimated at this point (see Minute No.10 below).

**2. MINUTES OF PREVIOUS MEETING**

The Board considered and agreed the minutes of the previous meeting, held on 28 June 2023, be approved as a correct record, subject to:

1. The undernoted being included as present and attending that meeting.

Anne Marie Kennedy  
Mehvish Ashraf

Non-Voting IJB Member  
NHS Greater Glasgow and Clyde Board

2. The following being deleted at Minute No.11 - (Medication Assisted Treatment Standards Update and Alcohol and Drugs Partnership Annual Reporting Survey 2022-23).

“Officers said they had been reluctant to bring the report to the Board but that the Scottish Government had required that the Board consider it.”

**3. MATTERS ARISING**

The Board considered a report by the Chief Officer, which provided an update on the following matters, which arose from discussions that had taken place at the previous meeting.

Local Child Poverty Action Report: Year 5

The final published report was available online on the Council’s Fairer EastRen webpage.

Unaudited Annual Report and Accounts

The Board’s unaudited report and accounts has been submitted to its Auditors, Ernst & Young and were available for inspection on the website between 3 July and 21 July.

Annual Performance Report

The final report has been published along with a summary version and accompanying video, which was available online.

Medication Assisted Treatment Standards Update and Alcohol and Drugs Partnership Annual Reporting Survey 2022-23

The survey was submitted to the Scottish Government on 28 June following IJB approval.

Income Generation Short Life Working Group

Councillor Edlin queried why there was no reference to discussion on income generation in the minute of the March meeting. However, it noted that this discussion had taken place at an IJB seminar. The short-life working group has been established and the first meeting took place on 21 July 2023; an update was provided in the Savings Recovery and Renewal report.

The Board noted the report.

#### 4. ROLLING ACTION LOG

The Board considered a report by the Chief Officer, which provided details of all open actions and those that had been completed or removed since the last meeting.

- i) With regard to Action No.355 (Age of Criminal Responsibility (Scotland) Act 2019), the Board agreed that this be removed from the Log.
- ii) With regard to Action No.384 (HSCP Workforce Plan), listed on the Log at the Board's meeting held in June, a suggested programme of visits to HSCP premises shared with Board Members and anyone wishing to attend, to contact Pamela Gomes. It was agreed that Pamela Gomes would also recirculate details.

#### 5. EAST RENFREWSHIRE'S CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2023-2026

The Board considered "*At Our Heart – Next Steps*", the East Renfrewshire Approach to Children's Services Planning for the period 2023-2026. The Plan, for noting at the meeting of the Education Committee on 17 August, would then be presented to full Council on 13 September for approval. Following approval by full Council, the Plan would then be submitted to the Scottish Government.

It was reported that Part 3 of the Children and Young People (Scotland) Act 2014 placed children's services planning duties on local authorities and health boards. Further, Section 8(1) of the Act required every local authority and its relevant health board to collectively prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.

The report also highlighted that Section 9 of the Act set out the strategic aims for a Children's Services Plan and that under these provisions every Children's Services Plan must be prepared with a view to securing the achievement of the following five aims:

- (a) That "children's services" in the area are provided in the way which:
  - (i) best safeguarded, supported and promoted the well-being of children in the area concerned,
  - (ii) ensured that any action to meet needs was taken at the earliest appropriate time and that, where appropriate, action was taken to prevent needs arising,
  - (iii) was most integrated from the point of view of recipients, and
  - (iv) constituted the best use of available resources;
- (b) That "related services" in the area were provided in the way which, so far as consistent with the objects and proper delivery of the service concerned, safeguarded, supported and promoted the well-being of children in the area.

The report set out the key messages from Part 3 of the revised statutory guidance that stated that the Children's Service Plan must align with existing plans or those in development, as well as the relevant legislation.

The report went on to advise that a range of other relevant local and national bodies expected to be consulted or obliged to participate, at various stages of the development of the plan. In addition, the plan to accompany a robust evidence-based joint strategic needs assessment of the current population of the children and young people in its area. On a yearly basis, the local authority and relevant health board were required to jointly publish an annual report detailing how the provision of children's services and related services in that area had been provided in accordance with the Plan. Statutory guidance to support the preparation of plans was updated and re published in January 2020 and confirmed that completed plans be submitted to the Scottish Government after local approval.

The Head of Children's Services and Justice (CSWO) spoke on the report and said that it was intended to capture East Renfrewshire's aspiration.

The Children's Services Strategy Manager said that the last published plan had only covered a two-year period and recognised that the challenges of the pandemic had contributed to that. She went on to confirm that this plan was moving forward, building on some of that content. She added that this was not intended to be a single agency plan but would take cognisance of partners' input also.

The Children's Services Strategy Manager shared with the Board, the "Our Approach - East Renfrewshire's Children and Young People's Plan 2023-26", which highlighted the vision, outcomes and priorities and how success would be measured. It also importantly stated that at the heart of all of this is: keeping children and young people safe; the mental and emotional wellbeing of children; Care experienced children and care leavers; Families and Children with complex additional needs.

The Head of Children's Services and Justice (CSWO) reiterated that this was not a single-agency publication and that it reflected actions across East Renfrewshire partnerships. He added that engaging with children and families was very important. Councillor Bamforth asked how much was being done for "older, young people". In response, the Head of Children's Services and Justice (CSWO) said that diversionary activities had been identified. He said that Covid had had an impact on East Renfrewshire's children however, the HSCP had worked with partners to formulate a plan. He added that there had been great partnership working carried out with colleagues in education and better working with The Foundry.

The Head of Children's Services and Justice (CSWO) said that the Scottish Government had adopted a whole systems approach. He said that a meeting was planned over the coming weeks and there was a plan in place to update and share that information.

Councillor O'Donnell said that he had not seen the previous plan and asked what was different, and why? He recognised that an increase in siblings being split between schools would have had a big impact and, with regard to outcomes and child poverty action plans, could not see how the Plan integrated with this.

Councillor O'Donnell said it would be helpful to understand what the IJB was trying to do to improve on the baselines. In addition, he said that governance arrangements were very complex with lots of strands and difficult to understand. He asked whether the Board was confident it had the right governance arrangements in place. The Chief Officer said that this was a well-established governance route.

In response, the Children's Services Strategy Manager said that the HSCP worked closely with Council Officers in relation to child poverty action plans. She said that, in respect of baseline measures, some were not HSCP measures but from other partners, which would form part of the performance report.



Councillor O'Donnell said that he would discuss child poverty action outside of this meeting.

Mehvish Ashraf, NHS Greater Glasgow and Clyde Board, made reference to the new vision for the Plan, which was detailed in page 25 to the papers, and highlighted the absence from the new vision of the word "family". She also said that "Family First" (pages 74 to 88) seemed quite a jump from "One Community". She highlighted the unavailability of fluoride varnish in schools and said that this was a relatively inexpensive intervention. She also asked whether there was a free condoms scheme in operation within East Renfrewshire.

The Head of Children's Services and Justice (CSWO) responded to the points raised.

The Children's Services Strategy Manager said that the work had been centred around families and children and that families were in "the heart" of its approach to the 2023-26 Plan. She recognised the need for more equality impact assessments to be carried out and concerns to accessing emotional well-being services.

Mehvish Ashraf said it was a matter of cultural competence of the people delivering the service to ensure understanding from a cultural perspective and the aim was to secure a competent and credible workforce.

Councillor Edlin said that fluoride varnishes were not appropriate for schools as these could be toxic.

Councillor Edlin then spoke on Maidenhill, where many houses were valued around £500k, and events of arson and damage to properties there. He said that whilst arrests had been made, children and young people were not behaving as well as they might. He asked whether Council activity would include policing.

In response, the Head of Children's Services and Justice (CSWO) said he was aware of the concerning activity there where children were in conflict with the law. In respect of arson, he said the HSCP worked closely with the fire service to arrange for interventions and to provide real learning of the impact of fire.

The Board:

1. Acknowledged the duties of the Children and Young People Act 2014 as they relate to Part 3 Children's Services Planning, be acknowledged and;
2. Noted the content of the Children and Young People's Services Plan for 2023-2026, prior to submission to full Council for approval.

## **6. FINANCE AND POLICY IMPLICATIONS FOR FOSTER CARE, KINSHIP AND ADOPTION**

The Board considered a report, which advised on the streamlining of the fostering and kinship schemes to reflect better, current needs in relation to allowances and presented proposed cost of living increases to foster, kinship and adoptive carers.

By way of background, the report stated that East Renfrewshire had a registered foster care service and, since 2017, a registered adult placement service, which provided young people who ceased to be looked after with a supported care placement.

Whilst kinship was not regulated as it was family-based care, all formally recognised carers were subject to assessment and approval by the relevant kinship panel. In February 2016, East Renfrewshire Health and Social Care Partnership adopted a local

financial parity model for formal kinship and foster care child allowances. Kinship carers received child allowances equivalent to child allowances within foster care minus any child related benefits. The model had successfully addressed local inequalities between fostering and formal kinship care, ensuring that East Renfrewshire was compliant with human rights law.

Further, in January 2020, East Renfrewshire Health and Social Care Partnership introduced revised continuing care rates for young people who ceased to be looked after and were accessing continuing care up to the age of 21. In line with the Children and Young People (Scotland) Act 2014, the change maintained parity between fostering and formal kinship care with respect to the child allowance and better supported continuity of care for young people.

On 31 March 2023, 96 children and young people in East Renfrewshire were looked after in a range of settings, which constituted approximately 0.4% of the total children's population in the area and was one of the smallest proportions of looked after children in Scotland.

When a child or young person needed to be looked after away from home, the Partnership's aim was to match the child within its own fostering provision. With the Partnership's detailed knowledge of its carers, it was best placed to match carers to the needs of any children and young people and, if unable to provide a placement, it would begin an external search of fostering provision through voluntary organisations. At times, this could often mean that foster carers may reside outwith the local area, affecting children and young people's ability to maintain links with their family, friends, school and local community. In reviewing the Partnership's average costs of external fostering placement through Scot Excel Framework this equated to £918 per child per week and the average weekly residential cost was circa £4,500 to £5,000.

In February 2020, the Independent Care Review published its findings as The Promise to care for experienced young people. Within the Promise, there was recognition that "carers must be supported to continue to care for the children they were looking after and that this must include, but not be limited to, financial support".

The Head of Children's Services and Justice (CSWO) said that the matter was about achieving parity with other authorities and bolstering support for children.

The Senior Manager, Intensive Services and Justice said that children could be removed from their parents at birth and that a support group had been established to help those parents with the impact of this and the moving onto adoptive parents and permanent homes as soon as was possible.

The Chair said it was important that the Board acknowledged the work and commitment of East Renfrewshire's foster carers.

The Board:

1. Approved the content of the report;
2. Recognised the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council;
3. Noted and approved the streamlining of rates and the cost of living increase to these new rates and the projected financial implications of the; and
4. Recognised the impact, the changes to rates would have on the Partnership's ability to minimise the need to seek alternative care provision purchased from external third sector and independent providers.

## 7. STRATEGIC COMMISSIONING PLAN

The Board considered the revised Strategic Commissioning Plan following a period of engagement.. This set out the current and future arrangements in place to commission health and care services with external partners.

This Commissioning Plan had been reviewed to ensure alignment with the Strategic Plan 2022/25 and the work underway in respect of the HSCP, national, and Greater Glasgow and Clyde transformation programmes including; Coming Home Implementation Report, The Promise (Independent Care Review) and Primary Care Improvement and the National Care Service. Work was already underway to develop the collaborative commissioning approach for East Renfrewshire bringing partners, services and people who used services, and carers together.

Following approval at the Performance and Audit Committee in March 2023, a period of engagement was undertaken during May and June 2023, which included an online survey, one face-to-face event and four online events.

A report from each engagement event was produced and shared with participants and was collated to produce a single report of the feedback received and the report detailed the key themes.

In addition, the engagement events had identified areas where collaboration using shared assets and resources could be developed; and participants recognised the need to ensure the opinions of people who used services were captured, using local networks to do this. It went on to say that prevention was important. However there remained real concern that in the current financial climate this may be impacted. In terms of potential for any impact on equality groups, people with disabilities and carers were the most identified group. It was reported that workshops coordinated by colleagues in Housing services, and including HSCP services and third sector had been taking place to explore options to coordinate access to housing services and to address and identify future needs. It was recognised that further work would be done to develop the market share split for care at home with the external providers to meet demographic demand and achieve best value.

The revised Strategic Commissioning Plan set out the financial and operational context of the Health and Social Care Partnership and recognised the financial pressures the IJB was facing. The introduction of the Supporting People Framework was reflected in the Plan.

The report recognised the contribution that all partners made to the delivery of health and social care services and set out the requirement to work collaboratively across all sectors to create an environment for a diverse, thriving and sustainable market, which focused on meeting needs and achieving outcomes.

With regard to consultation and partnership working, the HSCP was working with a range of partners to ensure its services commissioned directly from external partners were supporting its residents. It was reported that, during 2021/22, this spend totalled £40,799,748.22 across all of the HSCP's services and utilised a number of contractual arrangements. The HSCP was reviewing current care packages, and grant funded arrangements to ensure they were delivering and were aligned to the Supporting People Framework.

Accordingly, the draft Strategic Commissioning Plan 2023/25 had been revised to reflect the feedback detailed in paragraphs 6 and 7 to the report. The Plan identified key areas to develop our market facilitation approach and spend on commissioned services. The Partnership would form an action plan to be monitored and reported as part of the Strategic Plan annual reporting arrangements. The Plan was initially for a two-year period to allow for alignment to the three-year Strategic Plan and Medium-

Term Financial Plan. The final Strategic Commissioning Plan was attached for comment and approval.

Jaqueline Forbes questioned the number of consultations at 5 and the total number of people at 38; why was this so low and what could be done to improve this? The Strategic Planning, Performance and Commissioning Manager confirmed that there was also wider consultation as part of routine meetings with a range of stakeholders and that this also built on previous consultation and that all feedback detailed in the report was reflected in the Strategic Commissioning Plan.

The Head of Adult Services (Community and Well-being) said that Adults and Older People Services' key themes had been built-in too, and that there was a need to strengthen these.

The Board:

1. Noted the updates to the draft Strategic Commissioning Plan following the period of engagement between May and June 2023; and
2. Approved the final draft Strategic Commissioning Plan on the current and future arrangements in place to commission health and care services with external partners.

#### **8. REVENUE BUDGET MONITORING REPORT 2023-2024: POSITION AS AT 30 JUNE 2023**

The Board considered a report (the first monitoring report for the financial year 2023/24), which provided it with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.

The Head of Finance and Resources (Chief Financial Officer) said that the report did not make for easy reading and that budget-setting over the past couple of years to remain within budget year on year had been increasingly challenging. She said that there had been a very good reserves strategy in place that had supported the HSCP, however, it was recognised that this would be time limited.

She went on to say that a prudent approach was taken to the projected costs early in the year, but the level of overspend that could potentially be faced was unprecedented at £2.6 million for the year if matters continued as they were. This, she said, also assumed the required £7 million savings included as part of balancing our 2023/24 budget, would be achieved.

Appendix 6 to the report showed the progress against savings and the Chief Financial Officer was pleased to say that whilst there was still a long way to go, the achieved savings had increased by £0.36 million since reported in June. She said that the savings at risk of not being delivered in year, due to timing remained at £1.7 million and this would be supported by the use of reserves.

The main drivers for the current year costs pressures were set out in the report, but in summary related to:

- the cost of purchasing and providing care to meet demand;
- providing equipment to support people in the community;
- not seeing staff turnover at historic rates, so not saving from vacant posts – this was further impacted by taking all flexibility within budgets to support savings – so none of the offsets that were seen before;
- The prescribing costs remained a significant pressure and this already assumed achieving cost reductions in year.

The Chief Financial Officer said that none of these pressures were new and were a continuation from the position set out in last year's monitoring and the budget set for this year. She said that the demand for services and the capacity constraints meant having to meet many costs at a premium, which was an additional factor.

The Chief Financial Officer stated that the HSCP was working hard to do everything it could to bring costs down and the Chief Officer had charged her management team to identify action plans to help reduce and contain costs as far as possible. She said that all opportunities were being explored. However, she said, given the significance of the challenge it faced, the HSCP had also signalled to its partners that it was likely it would need to have discussions on in-year funding and potentially on financial recovery planning.

The Chief Financial Officer said that the HSCP would continue to report in detail to the Board on the current year and how this impacted on the planning for the 2024/25 budget with initial work underway. The IJB would, she said, take part in budget seminars as usual, during the autumn and the work with partners on forward financial planning had never been more important.

In terms of context, she said that East Renfrewshire IJB was not alone in the challenges it faced and future reporting would provide national context as the position evolved during the year.

To end on a positive note, the Chief Financial Officer referred the Board to Appendix 11, which gave details on the Council's reserve funding of just over £0.77 million to support Covid recovery activity.

Councillor Edlin said he was hugely concerned as only so many cuts could be made, and asked for ways in which money might be raised and to break even. He said he was aware of a committee, which was to be established and said he had not seen any sign of this yet.

In response, the Chief Financial Officer said that a short-life working group had been established and Board members would be invited to join the working group over the coming weeks to consider options.

The Chief Officer pointed out that the current year savings would be similar again next year at around £5m to £7m, should a similar flat cash settlement be applied and efforts would continue all efforts to reduce costs.

Councillor Edlin said that the Board should be writing to the Scottish Government about these cuts. He said services could not be maintained and that something had to be done.

The Chief Officer reminded the IJB that the Integration Scheme sets out the protocol which should be followed and that the HSCP should contact partner bodies in the first instance. She further recognised it was not known when the growth in demand would end.

Jacqueline Forbes, NHS and Greater Glasgow Health Board, agreed that the level of cuts was unsustainable and that she had no faith in the Cabinet Minister. She said that the Board must follow the right steps and have discussions with partners first, however would not be the first Board to write to the Scottish Government. She added that whilst she was disappointed that the IJB was in this position so early in the year but commended the transparency of reporting.

Councillor Bamforth asked about charging and how this would fit with Equality Impact Assessments. She said that charging for services could create other problems. The Chief Financial Offer confirmed that an Equalities Impact Assessment was previously undertaken for charging and this would be revisited.

Councillor O'Donnell said that he wanted to better understand the processes for financial recovery planning was happy to have that discussion outside of this meeting.

The Board:

1. Noted the projected outturn for the 2023/24 revenue budget;
2. Noted that the Chief Officer and her management team are working on actions to mitigate cost pressures in the current year; and
3. Approved the budget virement requested.

## 9. HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

The Board considered a report, which updated it on the HSCP Savings, Recovery and Renewal Programme.

The Programme provided information to the Board across the following three levels:

- **Strategic:** projects that covered HSCP wide activity
- **Service:** projects specific to one area/service
- **Operational Deliveries:** activities at a service level not related to significant change.

The Chief Financial Officer said that the report was straightforward and gave, by exception, updates on a number of projects as detailed at paragraphs 5 to 10 in the report. She said she was pleased to advise that the Invitation to Tender for the replacement case recording system was live and the Care at Home Redesign Programme was now live.

The Chief Financial Officer said that the short-life working group to look at income generation had been established and work was underway to analyse benchmarking as well as assess the practicalities of new ideas. She said that the intention was to hold a short seminar workshop with Board members to discuss and agree any proposals in advance of the annual charging report in September. She went on to say that, at this point, the impact and implications of the contribution element for the individual budget calculator would be revisited as part of the supporting people framework.

The Chief Financial Officer referred Members to Appendix 1, which gave the detailed overview by project. She said that the table at paragraph 12 in the report provided a summary of the status of the savings required in the current year and was as updated in the revenue monitoring report. In addition, she said that Appendix 2 provided an overview of the savings detail, with some smaller savings grouped per the previously agreed approach.

In conclusion, the Chief Financial Officer said that the HSCP would continue to report progress to every meeting of the IJB.

The Board noted the progress of the HSCP Savings, Recovery and Renewal Programme.

## 10. HEALTH CHECKS FOR ADULTS WITH A LEARNING DISABILITY

The Board considered a report, which outlined the delivery model, the intended approach across NHS Greater Glasgow and Clyde (GGC) to deliver annual health checks to adults aged sixteen and over, and adults who identified as having a learning disability.

The report set out the background and detail of the Scottish Government direction to all Scottish Health Boards stipulating that they must offer annual health checks to adults (sixteen plus) who had a learning disability or identified as having a learning disability.

The associated funding amounted to £2 million for Scotland. For NHS Greater Glasgow and Clyde HSCPs this totalled £444k for 2022/23 across the six HSCPs, allocated on the basis of NRAC. The Scottish Government had stated that health checks must be offered to everyone eligible by 31 March 2024, whilst accepting that a phased approach would be required. It was noted that the health checks had to be delivered by registered nurses or medical staff and the Scottish Government had provided a twenty-page assessment for the health checks with a pre-assessment questionnaire to be sent to people in advance of a health check appointment.

The delivery of health checks to all adults across Scotland on an annual basis within the available resource would be challenging. East Renfrewshire, via its Chief Officer and Head of Service for Learning Disability and Recovery have been actively involved with other NHS Boards / HSCPs and government officials in illustrating the challenges. As a result of these discussions an agreement has been reached with government that alternative models could be developed and funded using the resources available. Alongside this, a national Implementation Group has been created to support all areas in taking forward delivery.

An alternative operational model was proposed by East Renfrewshire HSCP and agreed by Chief Officers in NHS GGC. It was also agreed that East Renfrewshire HSCP would provide leadership and host a team to deliver health checks across NHS GGC.

Julie Fitzpatrick, Interim Chief Nurse, said that a steering group was taking the service forward.

Jacqueline Forbes, NHS and Greater Glasgow Health Board, said that it was an excellent report and was another example of where the Scottish Government wanted something but had no idea of the cost involved.

Councillor Bamforth asked whether there was a priority list, who was likely to be involved, and when this list would be published.

In response, the Head of Adult Services (Learning Disability and Recovery) said that resources would not stretch to an annual check for everyone. He said that thought had to be given to those most at risk from inequalities and we would apply evidenced based research to identify these first cohorts but that everyone would get a health check but this might take a little longer than expected.

Councillor O'Donnell declared a personal interest as he has an adult son with Down's syndrome. He said he was worried about duplication of work and whether there was provision for an annual patient opt-out to help better manage demand.

In response, the Head of Adult Services (Learning Disability and Recovery) said that annual checks were perhaps not required and was confident of a broader, three-year cycle.

He said the focus was towards individual need, whether it was robust and how did it link-in to other services. He also said it was helpful to have the Board point out the challenges faced.

Councillor O'Donnell said that it was reassuring to look at this on a prioritised basis and asked that all involved be mindful and clear on managing expectations when communicating this.

The Board agreed to note:

1. The intended delivery model;
2. The leadership, management and strategic oversight role East Renfrewshire had in delivering health checks to adults with a learning disability across NHS GGC; and
3. The progress made to date in devising and implementing an action plan via a steering group to deliver a workable operational model.

#### **11. JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN EAST RENFREWSHIRE**

The Board considered a report, which presented the findings from the recent Joint Inspection of Adult Support and Protection in East Renfrewshire.

It was reported that the joint inspection of Adult Support and Protection in East Renfrewshire had taken place between January and June 2023, by the Care Inspectorate, in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

The methodology for the inspection included the scrutiny of the HSCP's performance using the following key approaches:

- Position statement and supporting evidence submitted by the HSCP;
- HSCP and partner staff survey;
- Two focus groups: one for frontline practitioners and one for strategic leaders;
- Scrutiny of records of adults at risk of harm over a two-year period: January 2021 to January 2023.

The Care Inspectorate acknowledged the unprecedented and ongoing challenge of service recovery following the Covid-19 pandemic throughout this period, and noted its appreciation for the partnership's co-operation and onsite support during the joint inspection.

The final inspection report was published on 27 June 2023 and circulated to IJB members with a brief verbal update provided at the IJB on 28 June 2023. This report and presentation provided a more comprehensive update to IJB on key findings and areas for improvement.

The Board received a short presentation by the Head of Adult Services (Communities and Well-being) who said that this was a good news story. The presentation addressed:

- Methodology and performance indicators
- Key Strengths
  - Practice and Processes
  - Strategic Leadership
- Overall Effectiveness of Collaborative Working
- Third and Independent Sector Provider Involvement
- Independent Advocacy
- Areas for Improvement

Robert Price, Policy and Improvement Manager, said that, overall, he was happy with the improvements, which were now included within the Improvement Plan 2023-2025.



Councillor O'Donnell said these things did not happen overnight and it was important to celebrate success and external validation.

The Head of Adult Services (Communities and Well-being) said that an event was planned that would tie-in with McMillan Cancer Coffee Morning to celebrate the success of the ASP inspection.

The Board noted the report.

## **12. DELAYED DISCHARGE POSITION**

The Board welcomed and noted the presentation by Lee McLaughlin, Head of Adult Services – Communities and Well-being, which the Board recognised as a further good news story.

The presentation highlighted a number of points that pertained to East Renfrewshire, which included:

- Currently ranked 5th in Scotland for standard delays as at April (2nd in GGC);
- Ranked 9th in Scotland for adults with incapacity delays (1st in GGC);
- Continued uptake of Interim care beds had supported performance;
- Delays as a result of Care at Home capacity are reducing;
- There is a decrease in number of bed days lost.

The Board noted the presentation and position, with further updates to each IJB.

## **13. CALENDAR OF MEETINGS 2024**

The Board considered a report, which sought its approval to proposed meetings dates for the Board for 2024.

Clarification was required relating to September meeting dates.

It was agreed the proposed dates would be reviewed and presented to the Board in September 2023.

## **14. DATE OF NEXT MEETING**

To note Wednesday 27 September 2023, at 2.30pm, as the next meeting of the Integration Joint Board.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 16 August 2023.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**27 September 2023**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting.

**RECOMMENDATION**

2. Integration Joint Board members are asked to note the contents of the report.

**REPORT**

3. The Children and Young People's Services Plan for 2023-2026 will be considered by East Renfrewshire Council at its September meeting.
4. The Income Generation Short Life Working Group met on 8<sup>th</sup> September with invites extended to the Chair, Vice-Chair and Councillor Edlin as requested.
5. The details relating to planned visits to the HSCP were recirculated and members have indicated their preferences. Dates are currently being agreed and invites being issued.

**RECOMMENDATIONS**

6. Integration Joint Board members are asked to note the contents of the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

IJB Chief Officer: Julie Murray

September 2023

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 16 August 2023.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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<u>Action No</u>	<u>Date</u>	<u>Item No</u>	<u>Item Name</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Status</u>	<u>Due / Closed</u>	<u>Progress Update /Outcome</u>
416	16-Aug-23	4	Rolling Action Log	Action No.355 (Age of Criminal Responsibility (Scotland) Act 2019), the Board agreed that this be removed from the Log.	GCO	CLOSED	Aug-23	Action 355 closed
415	16-Aug-23	4	Rolling Action Log	Programme of visits to HSCP premises to be shared with Board Members again and anyone wishing to attend to contact Pamela Gomes.	GCO	CLOSED	Aug-23	Options circulated and members have responded with preferences. Calendar invites being sent as dates agreed
414	16-Aug-23	8	Strategic Commissioning Plan	Plan to be updated to reflect wider engagement that has taken place over the past year as part of our collaborative commissioning work.	SPPCM	OPEN	Sep-23	This will be included in final published plan
413	16-Aug-23	13	Calendar of Meetings 2024	To be brought back to the Board for approval in September	DSO	CLOSED	Sep-23	Included on September IJB agenda
385	23-Nov-22	11	HSCP Workforce Plan	Arrange for the completion of the actions as set out in the associated Action Plan	CO	OPEN	Nov-23	Update on actions scheduled for IJB meeting September 2023 have been deferred to November 2023
379	21-Sep-22	6	Annual Performance Report	Consider submitting a report on the use of The Promise funding for early intervention measures	CSWO	OPEN	Nov-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to November 2023
376	21-Sep-22	8	Chief Social Work Officer Annual Report	Arrange for a report on all neurodivergent activity taking place to be added to the rolling action log for presentation at a future meeting.	CSWO	OPEN	Nov-23	Added to forward planner - this will be included in The Promise paper as per action 379 which will be presented in November 2023
355	16-Mar-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	CLOSED	Aug-23	We have access to a child friendly space adapted within Pollok Police Station should we require this. A partner housing association has identified 3 properties which the HSCP visited however were not suitable and we will continue to look at any properties which become available, not only a place of safety but also for other activities. Landlord was unable to identify any property. IJB agreed to close (Action 416)
244	26-Jun-19	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBC	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

CCGC Clinical and Care Governance Committee  
 IJB Integration Joint Board  
 PAC Performance and Audit Committee

CD Clinical Director  
 CO Chief Officer  
 CFO Chief Finance Officer  
 CN Chief Nurse  
 CSWO Chief Social Work Officer  
 DSM Democratic Service Manager  
 GCO Governance and Compliance Officer

HAHSL Head of Adult Health and Social Care Localities  
 HAS - C&W Head of Adult Services - Communities and Wellbeing  
 HAS - LD&R Head of Adult Services - Learning Disability and Recovery  
 HRBP HR Business Partner  
 LP (RS) Lead Planner (Recovery Services)  
 PPPM Policy, Planning & Performance Manager  
 SPPCM Strategic Planning, Performance and Commissioning Manager  
 SSLO Strategic Services Lead Officer (ERC)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	27 September 2023	
<b>Agenda Item</b>	8	
<b>Title</b>	HSCP Savings, Recovery and Renewal Programme	
<b>Summary</b>		
The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.		
<b>Presented by</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
<b>Action Required</b>		
Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****27 September 2023****Report by Chief Officer****HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME****PURPOSE OF REPORT**

1. The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.

**RECOMMENDATION**

2. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme.

**BACKGROUND**

3. The Savings, Recovery and Renewal programme provides information to the IJB across three levels:
  - Strategic: projects that cover HSCP wide activity
  - Service: projects specific to one area/service
  - Operational Deliveries: activities at a service level not related to significant change.

**REPORT**

4. Since the last report to the IJB in August the programme has continued to progress. Appendix 1 provides a detailed update on individual projects. By exception the updates in the interim period are detailed below.
5. **Lessons Learned from the Pandemic** – The intention was always to undertake a formal review of lessons learned during the pandemic and write up an associated closure report. Given the capacity challenges and focus on operational support this was a low priority. The learning from the pandemic has and continues to be embedded across the partnership with examples including hybrid working, adapting and prioritising resources to meet clinical demand, such as the vaccination programmes, and a continued focus on the health and wellbeing of our workforce, our partners and our people. The governance that supports our Savings, Recovery and Renewal Programme has been applied across all projects, our huddles, local resilience arrangements and our extended management team meetings meaning we can flex, prioritise and re-prioritise very quickly to respond to known and emerging issues. With the IJB's agreement we will consider this project closed.
6. **Supporting People Framework** – Case reviews are ongoing with progress being closely monitored. The revised individual budget calculator has been implemented and practice support sessions with staff continue. The project status has been changed to amber to reflect the significant work required to deliver savings in this financial year and to meet the full recurring saving by April 2024.

7. **Case Recording Replacement System project** – The Invitation to Tender closed on 29<sup>th</sup> August 2023. The tender evaluation process has begun with the preferred supplier expected to be appointed in October.
8. **Care at Home Review Phase 2** - The project recommenced in August with the team and workstreams approved. The project status has moved from red to amber reflecting the progress made. Regular project board meetings continue to take place monitoring progress including the impact on the savings target.
9. **Learning Disability Development** – the status of project has moved from green to amber as a result of a timing issue with risk assessments from a partner provider. Whilst this has been resolved, plans are being adjusted to ensure no impact on project end date.
10. **Income Generation** - a short life working group has continued to meet to consider income generation opportunities for the HSCP.
11. **Planned Projects** – the appendix reflects the change in planned start dates for these projects due to capacity issues. Preparation work continues and further updates will be brought to the IJB in due course.
12. **Financial Implications** - the savings target for 2023/24 is £7.056 million and Appendix 2 provides a breakdown of the detail showing progress by saving. As previously agreed a broad de-minimus of £50k has been used so that smaller savings are amalgamated.
13. The appendix can be summarised:

Savings Progress	£ million	%
Achieved to date	2.413	34%
On track to be achieved	3.043	43%
At risk of slippage / shortfall	1.600	23%
Total	7.056	

14. If all of the savings identified were delivered in full in the current year there could be a modest over recovery against target of £0.156 million, however the supporting people saving at risk has been reduced by this amount to take a prudent approach. In addition to this adjustment, the achieved savings have increased by £0.483 million, with the equivalent reduction in the savings on track.
15. If all the current at risk savings of £1.6 million were not achieved in year this will need to be met from reserves; the current reserves balance to support delivery of savings is £1.599 million, with a further general reserve of £0.272 million.
16. This would mean there would be very little, if any, useable reserves to meet operational costs above budget. The current year position and associated risk is included in the revenue monitoring report.

## CONSULTATION AND PARTNERSHIP WORKING

17. Representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

## IMPLICATIONS OF THE PROPOSALS

Finance

18. The 2023/24 savings targets and associated progress will be reported to future meetings as part of this programme.

Equalities

19. We will undertake Equality, Fairness and Rights Impact Assessments where required.

Risk

20. There is a significant financial risk should the full savings not be achieved on a recurring basis by 31 March 2024. There remains a capacity challenge to support change and savings delivery, particularly the Supporting People Framework, while maintaining operational service delivery and associated demands.

Workforce

21. There are no specific workforce issues arising as result of this paper and savings relating to staffing are discussed through our HR Sub-Group, Joint Staff Forum and other appropriate governance.
22. There are no legal, policy or infrastructure implications arising as a result of this paper.

**DIRECTIONS**

23. There are no directions arising from this report.

**CONCLUSIONS**

24. The Savings, Recovery and Renewal Programme is continuing to progress and will be reported to each meeting of the IJB.

**RECOMMENDATIONS**

25. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

0141 451 0749

Chief Officer, IJB: Julie Murray

6 September 2023

**BACKGROUND PAPERS**

IJB Paper: 16 August 2023- Item 10 Savings, Recovery and Renewal Programme

[IJB Item 10 - 16 August 2023.pdf \(eastrenfrewshire.gov.uk\)](#)

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## Appendix 1 - Project Timelines and Summaries as at 06 September 2023

<b>LIVE PROJECTS</b>				
<b>Project</b>	<b>Project Owner</b>	<b>Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
L1: Reflections and Learning from working during the pandemic	Lesley Bairden/Lee McLaughlin/Tom Kelly and Raymond Prior	August 2021	June 2023	<b>PROPOSAL TO CLOSE</b>
L2: Learning Disability Development	Tom Kelly	August 2022	December 2024	<b>AMBER</b>
L3: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	October 2024	<b>GREEN</b>
L4: Information Governance and Data Cleansing	Raymond Prior	November 2022	October 2024	<b>GREEN</b>
L5: Review of Commissioned Services	Margaret Phelps	November 2022	March 2025	<b>GREEN</b>
L6: Care at Home Review Phase 2	Julie Murray	July 2023	December 2023	<b>AMBER</b>
L7: Supporting People Framework	Tom Kelly, Lee McLaughlin, Raymond Prior	April 2023	March 2024	<b>AMBER</b>

<b>PLANNED PROJECTS</b>				
<b>Project</b>	<b>Project owner</b>	<b>Expected Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
P1: Pre-Payment Cards	Lesley Bairden	October 2023	May 2024	

<b>FUTURE PROJECTS</b>				
<b>Project</b>	<b>Project owner</b>	<b>Expected Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
F1: Review of Telephony Systems	Lesley Bairden	November 2023	June 2024	

## LIVE PROJECTS SUMMARY

<b>Project Title</b>	<b>L2 – Learning Disability Development</b>
<b>Project Owner</b>	Tom Kelly
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision.</li> <li>The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes.</li> <li>The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised, and provide a better fit with a modernised integrated Learning Disability support service.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>Ensuring those that who use our learning disability service are supported and encouraged to thrive with enhanced day opportunities</li> <li>The creation of a modern, integrated and efficient support service</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>2022/23: £200k (not achieved)</li> <li>2023/24: £300k (£219k achieved to date)</li> <li>2024/25: £100k (£8k additional full year effect)</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>Project has strong crossover aims with Commissioning Services Project. Ongoing monitoring to ensure there is no duplicate recording of savings</li> <li>All LD reviews carried out under SPF will be controlled and reported under the Learning Disability Development project</li> <li>Project experienced delay in relation to engaging partner provider to carry out risk assessments – full engagement now restored and work back underway which will re-focus savings achievement.</li> <li>Above issue has impacted timescales, hence movement to amber RAG status. Work underway to get project back on track ensuring no requirement to request overall timeline extension.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>Reviews will continue to be undertaken</li> <li>Training continues for Community Pathways Team for SSSC registrations</li> <li>Ongoing liaison with partner provider regarding monitoring and future use</li> </ul>
<b>RAG Status</b>	<b>AMBER</b>
<b>Timeline</b>	18 August 2022 – 16 December 2024

<b>Project Title</b>	<b>L3 - Case Recording System Replacement</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services.</li> <li>• To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A system that can be accessed and updated from anywhere on any device</li> <li>• Lean and person centred recording processes</li> <li>• Data as an asset- using data available to drive future service improvement</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>• 2024/25: £75k</li> <li>• 2025/26: £75k</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Invitation to Tender (ITT) closed on 29 August 2023</li> <li>• Tender Evaluation Panel now finalised and work commenced on evaluating and scoring each tender.</li> <li>• Mandatory CHI number tracking went live at 31 July, and has greatly helped in eliminating duplicate cases – ‘missing’ CHI number now in low double figures and work is ongoing to eradicate as far as possible</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Tender Evaluation due to complete on 31 October 2023, at which point we anticipate appointing a preferred bidder.</li> <li>• Implementation work will follow on from this in conjunction with preferred supplier, who will be invited to join Project Board as Senior Supplier.</li> <li>• Project Team Recruitment Phase 2 will commence in relation to planned System Implementation resource.</li> </ul>
<b>RAG</b>	<b>GREEN</b>
<b>Timeline</b>	20 April 2022 – 31 October 2024

<b>Project Title</b>	<b>L4: Information Governance and Data Cleansing</b>
<b>Project Owner</b>	Raymond Prior
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Implement a robust approach to information governance across the HSCP ensuring statutory duties are met</li> <li>• Embed good information governance practices into business as usual activity</li> <li>• Ensure staff have the training and information to manage associated risk accordingly</li> <li>• Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• HSCP has a defined approach to information governance</li> <li>• HSCP processes are reviewed to ensure information governance requirements are adhered to</li> <li>• Reduced risks of data breaches and potential Information Commissioner fines</li> </ul>
<b>Expected Outcomes – financial</b>	<ul style="list-style-type: none"> <li>• There are no expected financial outcomes as a result of this project.</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Phase 1 (physical files and records) review continues</li> <li>• Focusing on files on disc and floppy discs</li> <li>• St. Andrew's House file review continues</li> <li>• Archives not due for deletion moved to Thornliebank</li> <li>• Phase 2 review work (electronic files) now started</li> <li>• Organising electronic records · Saving files on I-Drive</li> <li>• Home Care Diaries Archives Review now started · Organising old diaries in order · New diaries are being scanned and saved into document hub from 1st Sept, 2023</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Complete Thornliebank physical files review with focus on files on CDs and DVDs</li> <li>• Complete Phase 2 review work (electronic files)</li> <li>• Organise electronic records</li> <li>• Saving files on I-Drive · Review and list Scan Files</li> <li>• Complete the review of files at St. Andrew's House</li> <li>• Complete Home Care Diaries Archives Review</li> <li>• Focus on Indexing and logging old diaries location</li> <li>• Relevant staff to be identified to undertake Information Asset Register (IAR) Training</li> </ul>
<b>RAG</b>	<b>GREEN</b>
<b>Timelines</b>	16 November 2022 – 31 October 2024

<b>Project Title</b>	<b>L5: Review of Commissioned Services</b>
<b>Project Owner</b>	Margaret Phelps
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To review a number of arrangements to ensure we are maximising all framework and contractual opportunities</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>Resilience in local partnership working</li> </ul>
<b>Expected Outcomes – financial</b>	<p>An indicative saving of:</p> <ul style="list-style-type: none"> <li>2022/23 - £75k (achieved)</li> <li>2023/24 - £225k (£82k achieved to date)</li> <li>2024/25 – £500k (£1k additional full year effect achieved)</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>Continue to monitor project in line with Supporting People Framework (SPF)</li> <li>Agreement that reviews will be carried out under SPF, project will focus on review of grant funding</li> <li>The timing of project boards has been revised given the focus on Supporting People and the board meet as issues and timetable dictate.</li> <li>Project aims remain on track</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>Refocus of work streams in light of Supporting People Framework continues</li> </ul>
<b>RAG</b>	<b>GREEN</b>
<b>Timelines</b>	November 2022 – March 2025

<b>Project Title</b>	<b>L6: Care at Home Review Phase 2</b>
<b>Project Owner</b>	Julie Murray
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Structure redesign</li> <li>• Defined offering to the external market place</li> <li>• An operating model that is effective and efficient</li> <li>• Care at Home and Telecare services aligned and cross service opportunities maximised</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A sustainable, resource and cost efficient operating model</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>• 2022/23 - £100k (not achieved)</li> <li>• 2023/24 - £200k</li> <li>• 2024/25 - £200k</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Project was delayed due to competing services pressures, now formally restarted</li> <li>• Project team identified and work streams approved by Project Board, scope includes review of brokerage model and absence management.</li> <li>• Fortnightly Project Board meetings continue to take place to monitor progress and push forward targeted outcomes and benefits realisation.</li> <li>• Recent progress in project establishment has moved RAG status from red to amber</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Continue to progress work-streams as noted above and accelerate the pace of benefits delivery.</li> </ul>
<b>RAG</b>	<b>AMBER</b>
<b>Timeline</b>	July 2023 to December 2023

<b>Project Title</b>	<b>L7 – Supporting People Framework</b>
<b>Project Owner</b>	Tom Kelly, Lee McLaughlin, Raymond Prior
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• To adopt a formalised eligibility criteria for social care in response to the highly challenging current financial position facing the HSCP</li> <li>• To carry out reviews of care packages across all services to identify savings and efficiencies where possible</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• Streamlined and uniformed approach to assessment and service provision based on need.</li> </ul>
<b>Expected Outcomes – financial</b>	<ul style="list-style-type: none"> <li>• 2023/24 - £3.4m (£86k to date with £164k full year effect)</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Project Board and Project Team established with progress being closely monitored</li> <li>• Case reviews ongoing with staff identified to support this</li> <li>• Practice support sessions in place for staff involved in reviews</li> <li>• Specific sessions set up to support Care at Home reviews</li> <li>• Reporting work commenced with service areas and finance staff</li> <li>• Revisions to individual budget calculator has now gone live</li> <li>• Integration of Individual Budget Calculator to Adult Services Assessment goes live on 01 October 2023 – training currently taking place on this.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Fortnightly update to SMT on progress, risks and issues</li> </ul>
<b>RAG</b>	<b>AMBER</b>
<b>Timeline</b>	April 2023 to March 2024

<b>PLANNED PROJECTS</b>
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<b>Project Title</b>	<b>P1- Pre-Paid Cards</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Explore the technology and governance required to introduce new functionality and processes for payment disbursement.</li> <li>• The improved mechanism would be utilised for various purposes such as crisis grants, imprest accounts and petty cash.</li> <li>• Reduce cash handling by staff where appropriate to do so.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• More efficient process for issuing money for example to Foster Carers to buy necessary items for an emergency placement</li> <li>• Potential reduction in business support time managing and overseeing petty cash and imprest accounts</li> <li>• A more resilient process for issuing money in an emergency situations</li> </ul>
<b>Expected Outcomes – financial</b>	<ul style="list-style-type: none"> <li>• Potential financial savings are unknown at this stage</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Further information gathered on pricing and supplier capacity</li> <li>• Discussions concluded with ERC Business Operations &amp; Partnerships/Education Services on shared participation in existing/updated emergency payments system</li> <li>• Project Brief is being finalised</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Submit Project Brief to SR&amp;R Board for consideration/approval - October 2023</li> </ul>
<b>Timelines</b>	October 2023 – May 2024



## FUTURE PROJECTS

<b>Project Title</b>	<b>F1 – Review of Telephony Systems</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Delivery of a unified telephony system that supports and enhances service delivery</li> <li>• A telephony system that supports hybrid working and future technological developments</li> <li>• Access to telephony and communications data reports</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A modern, flexible telephony and communications system</li> <li>• Technology that support hybrid working and enables further integration across health and social care</li> <li>• A solution that enables HSCP to provide a better experience for those who contact the partnership</li> <li>• Access to data which enabling HSCP to understand telephony data, demands and trends that can be used to influence future service redesign</li> </ul>
<b>Expected Outcomes – financial</b>	<ul style="list-style-type: none"> <li>• Potential savings not known at this stage</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Continue ongoing fact-finding work on existing telephony architecture – pursuing liaison with NHS IT to create better understanding of existing network set-up</li> <li>• Development of project brief documentation – aim to submit November 2023 for consideration</li> </ul>
<b>Timelines</b>	November 2023 –January 2025

## CLOSED PROJECT SUMMARY

<b>Project Title</b>	<b>L1 - Reflections and Learning from working during the pandemic</b>
<b>Project Owner</b>	Mairi-Clare Armstrong
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To capture lessons learned over the pandemic period from the required changes to working practices across the HSCP due to the necessity to facilitate home-working, social distancing impact in relation to contact with patients and those who use our services; and the impact of communicating to a remote workforce during a time of significant change.</li> <li>To disseminate which of these changes created a positive impact, and how these may be incorporated into general working practices post-pandemic.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>The creation of a clear and detailed illustration of lessons learned for consideration as to how the experiences of the last two and a half years can provide the foundation for accelerating the pace of change in the Recovery and Renewal Programme across all projects.</li> <li>The establishment of a clear framework by which all existing and emerging projects can refer to when scoping potential improvements and efficiencies related to the project, and ensure that these proven advances are embedded into project thinking where appropriate.</li> <li>Assist in future achievement of efficiencies in projects within the Savings, Recovery and Renewal Programme</li> <li>Engaging and collaborating with the workforce to design services for the future</li> </ul>
<b>Expected Outcomes – financial</b>	<ul style="list-style-type: none"> <li>There are no expected financial outcomes as a result of this project.</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>Learning from the pandemic has and continues to be embedded across the partnership</li> <li>Due to capacity issues and the focus on operational support the final report has not been completed</li> <li>Lessons learned from the pandemic include increased flexibility of the workforce, importance of supporting the health and wellbeing of our staff, our partners and people. Our governance and reporting structures implemented during the pandemic have enabled us to respond quickly to known and emerging issues, an approach that is still used.</li> <li>It is proposed to now formally close this project</li> </ul>
<b>Next Steps</b>	
<b>RAG Status</b>	<b>Project closure proposed</b>
<b>Timeline</b>	August 2021 to June 2023

## Analysis of Savings Delivery

## Appendix 2

Saving	2023/24 Funding Gap £'000	Savings Achieved £'000	Remaining Balance		Comments
			On Track £'000	At Risk £'000	
<b>HSCP Wide Savings</b>					
Review of Commissioned Services	225	82	143	-	Work in progress - actual to date achieved tbc
Further Funding Expected on Pay Award	261	261	-	-	Awaiting confirmation of funding
Living Wage on Pay element of contracts rate only	148	148	-	-	Agreed as part of budget and adjustment applied
Limit Use of Support Services to contain cost pressures	219	-	219	-	Actions to be confirmed to move towards SLA Capacity concern
Supporting People Framework	3,400	86	2,464	694	New framework in place, action plan in progress - potential risk around timing of saving. £164k full year effect.
Structure Proposals	928	410	149	369	Timing of saving at risk, work ongoing to refine across Childrens and Adults
Allocate Turnover Target 1%	200	200	-	-	All NHS staffing budgets now include turnover target saving
<b>Learning Disabilities</b>					
Sleepover Review	150	132	18	-	Work in progress - actual to date achieved tbc
Supported Living	130	87	43	-	Work in progress - actual to date achieved tbc
<b>Intensive Services</b>					
Efficiencies from Care at Home Scheduling System	75	5	-	70	Efficiencies being reviewed with a view to reducing Agency costs/budget
Care at Home Review Phase 2	200	-	-	200	Structure proposals drafted
Review of Vacant posts and Associated running costs	179	90	-	107	Vacant posts deleted, balance at risk of timing delay
<b>Children and Families</b>					
Review of Connor Road funding	60	-	-	60	Ongoing discussions with ERC on future service model
Family Functional Therapy	52	52	-	-	Service discontinued, alternative model in place.
Residential Costs - review of Care options	226	219	7	-	Activity under way - monitoring ongoing
Health Improvement - review of service to rationalise	50	-	-	50	Timing of saving at risk
Trauma Informed Practice	-	50	-	-	Service model in place - vacancy deleted
<b>Finance and Resources</b>					
Review of Structure and Processes	296	296	-	-	All savings identified have been achieved, work continues to identify further savings
<b>Localities</b>					
Rehab Team Mini Restructure	61	-	-	-	Saving no longer achievable - alternatives identified and delivered
Eastwood localities Team - Mini Restructure	53	-	-	-	Saving no longer achievable - alternatives identified and delivered
Review of Vacant posts and associated Running Costs	28	150	-	-	On track vacant posts and running cost efficiencies achieved, further post in October, includes alternative savings for non achievement above
District Nursing - Vacancy Management	50	-	-	50	Timing of saving at risk
New - Tech Enabled Care	-	80	-	-	Development budget given up
<b>Mental Health and Addictions</b>					
Review of Structure and Care Packages	65	65	-	-	Vacant post deleted and care package costs revised
<b>Sub Total</b>	<b>7,056</b>	<b>2,413</b>	<b>3,043</b>	<b>1,600</b>	
		34%	43%	23%	

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	27 September 2023	
<b>Agenda Item</b>	9	
<b>Title</b>	Charging for Services 2024/25	
<p><b>Summary</b> To provide members of the Integration Joint Board with a position update on charging related matters including individual contributions, charging policy updates and the draft proposed annual charges report for the financial year 2024/25, which is considered annually by East Renfrewshire Council Cabinet in November.</p>		
<b>Presented by</b>	Lesley Bairden Head of Finance and Resources (Chief Financial Officer)	
<p><b>Action Required</b> The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the issues raised in this paper.</li> <li>• Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.</li> <li>• Comment on the draft annual proposed inflation increases to existing charges for 2024/25 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2023, with the request to bring a further report if required.</li> <li>• Consider the contribution element of the individual budget calculator.</li> <li>• Note and comment on the Short Life Working Group progress so far and consider the proposed change to the charging policy.</li> </ul>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**27 September 2023**

**Report by Head of Finance & Resources (Chief Financial Officer)**

**CHARGING FOR SERVICES 2024/25**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide members of the Integration Joint Board with a position update on charging related matters including;
  - Inflationary increases to existing charges.
  - Individual contributions towards the cost of care.
  - Charging policy proposed updates.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:-
  - Note the issues raised in this paper.
  - Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.
  - Comment on the draft annual proposed inflation increases to existing charges for 2024/25 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2023, with the request to bring a further report if required.
  - Consider the contribution element of the individual budget calculator.
  - Note and comment on the Short Life Working Group progress so far and consider the proposed change to the charging policy.

**BACKGROUND**

3. The setting of charges for services is not delegated to the IJB. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council.
4. East Renfrewshire Council determines all charges for its services annually through reports considered at Cabinet in November of each year.
5. The IJB normally receives a draft of this report at its meeting prior to November and is asked to agree the submission of the report to Cabinet.
6. The IJB also considers annually any revisions to the charging policy for the HSCP.

## REPORT

7. The economic climate and associated cost of living challenges we are facing remains unprecedented within the lifetime of the IJB and has not abated to any real degree since the IJB last considered charging in September 2022. The challenges are particularly pertinent to those individuals we support, many of whom remain impacted in particular by the cost of utilities where temperature will specifically impact on health and wellbeing.
8. The usual process for increasing charges is linked to inflation so in the current climate there still remains a tension between inflation related increases that will further impact on the cost of living challenge for many people. Although the inflation rate identified by the council for 2024/24 is 4.4%, compared to the 12.3% rate for 2023/24 this is still an additional cost, and the 4.4% impact is reflected below and in the draft report to council Cabinet included at Appendix 1.
9. There is some ongoing government support for individuals recognising the pressures from utility costs and the IJB is asked to agree that this should continue to be disregarded when a financial assessment is undertaken to establish the ability to pay charges.
10. The increases to charges based on the 4.4% increase, rounded up or down to the nearest £0.05 is:

Service	2023/24	Proposed Increase	2024/25
	Current Charge		Proposed Charge
	£	£	£
Community Alarms (per week)	3.1	0.15	3.25
Meals 2 courses	5.5	0.25	5.75
Meals 3 courses	5.7	0.25	5.95
Room Hire (per day)	7.8	0.35	8.15
Day care Charges to Other Local Authorities (per day)	137.6	6.05	143.65
Blue Badges (per application)	20	N/A	20
Bonnyton Residential Care (per week)	874.3	38.50	912.80
Inclusive Support Holiday Programme (per day)	42.7	1.90	44.60

11. Based on current income budgets for these services the inflationary increase would be £42k, however it should be noted the income from meals and charges to other local authorities for day care is diminishing as we move away from building based services. The majority of the income we currently receive relate to community alarms and to Bonnyton House:



	Budget 2023/24	Inflation Increase
	£'000	£'000
Community Alarms	366	18
Meals	26	1
Other Local Authorities	22	1
Blue Badge	34	-
Bonnyton House	501	22
Inclusive Support	12	-
Total	961	42

12. A Short Life Working Group has been established to consider options for generating income from charges, benchmarking and considering the impact on any policy related matters. The group last met on 8 September 2023. Some of the issues discussed are included within this report.
13. As we discussed last September there remains a tension between the Scottish Government policy intention to abolish non-residential charging, during the term of this parliament and introducing the contribution element of our Individual Budget Calculator. This was previously agreed at a level of 5% and is subject to the ability to pay. Any change may be time limited and the decision last September was to defer this.
14. The rationale for deferment recognised that any new charge will add to many individuals impacted by the current cost of living crisis. This however needs to be balanced with the current savings challenge we have and the expectation of a significant further funding gap in 2024/25. Any change to the Supporting People Framework to address 2024/25 is not factored in.
15. As part of the Short Life Working Group the financial modelling to illustrate the potential level of income that could be generated has been updated to reflect the current position for care costs and the position with a pro-rata of the supporting people framework reduction.
16. These are high level models and detailed work would be required to refine the assumptions and the impact across the different age range and types of support provided. This would also be used to inform the detailed Equalities Impact Assessment that will be required.
17. These illustrations give a scenario of potential income that could be generated. We know that further work is required to refine the free personal care elements that are intrinsic within options 1, 2 and 3 but not specifically recorded as such. Similarly respite costs will be part of many Option 1 care package costs and will need to be excluded. For the scenarios below the assumptions used are:
  - A reduction of 20% within Learning and Physical disability and older people to allow for further free personal care not specifically identified as a care cost element.
  - A further 10% reduction for respite / carers care commitments which are non-chargeable as above.
  - The 25% estimate linked to the ability to pay is a broad brush approach to allow for the combination of financial assessment, the cap on high cost care packages and potentially some attrition. Significant work will be required to refine this across every individual care package and needs to be linked to a review. In the current climate it is likely in at least some cases that costs may also increase particularly where environmental factors such as heating need to be considered.

<b>Scenario 1 - current year excluding Supporting People Framework</b>					
Non Residential Care	Commitment	Further FPC	Carer / Respite	Contribution	Ability to pay
Respite / Carers specifically identified)	£'000	Estimate 20% £'000	Estimate 10% £'000	5% £'000	Estimate 25% £'000
Learning Disability	15,552	3,110	1,555	544	136
Mental Health & Addictions	1,851	370	185	65	16
Physical Disability	2,234	447	223	78	20
Older People	3,723	745	372	130	33
<b>Total</b>	<b>23,360</b>	<b>4,672</b>	<b>2,336</b>	<b>818</b>	<b>204</b>

Note: Every 1% contribution equates to £163k and translates to £41k when assumed at 25% ability to pay

<b>Scenario 2 - current year after Supporting People Framework savings</b>					
Non Residential Care (Excluding FPC and Short Break Respite / Carers specifically identified)	Commitment £'000	Further FPC Estimate 20% £'000	Carer / Respite Estimate 10% £'000	Contribution 5% £'000	Ability to pay Estimate 25% £'000
Learning Disability	13,288	2,658	1,329	465	116
Mental Health & Addictions	1,582	316	158	55	14
Physical Disability	1,909	382	191	67	17
Older People	3,181	636	318	111	28
<b>Total</b>	<b>19,960</b>	<b>3,992</b>	<b>1,996</b>	<b>699</b>	<b>175</b>

Full £3.4m SPF saving included - pro rata (recognise some may be internal - broad illustration)

Note: Every 1% contribution equates to £140k and translates to £35k when assumed at 25% ability to pay

18. The tables above show the income level could potentially be £175k to £204k subject to the caveats above. However there will be additional costs associated with generating this;
  - At present we have 2 officers who undertake the c220 residential care financial care assessments as part of their role (this was previously 3 and reduced as part of savings that have been delivered in 2023/24.
  - A further 920 financial assessments would be required for non-residential care and are likely to be more complex in nature.
  - We have seen a significant increase in late / non-payment from 1% in 2018 to almost 5% in 2023. Whilst thus is minimal against current levels of income we would expect this to become an increasing factor – particularly as non-payment of an individual contribution to a care provider defaults to the HSCP.
19. Again detailed work would be required to fully cost the impact of the time administering any introduction of charging but is likely to be £100k plus to add in additional resources, it is difficult to see where time could be diverted from.
20. As previously reported significant engagement work was undertaken with individuals and family members in development of the individual budget calculator, including the contribution element. Given the impact the introduction will have, further consultation would be required to manage and support this process. We would expect a significant increase in complaints.
21. The IJB is asked to consider the implications around the contribution approach and whether it wishes to proceed with this as part of the 2024/25 budget.

22. The Short Life Working Group have also discussed;
  - benchmarking of existing charges and areas we do not charge for
  - an overview of external use of room bookings and the impacts of out of hours costs etc.
  - practicalities and barriers for charging for training
  - the impact and contra-indications of charging for / not providing some smaller equipment
23. The IJB will note that under the current charges we have a very modest daily rate for room hire, which was set to promote and encourage community use within our buildings, with many groups exempted from paying any charge. The benchmarking work undertaken confirmed that within the GGC “family” no other IJB/council makes a charge for premises use.
24. The IJB is asked to consider that a clause is added to our charging policy to state that: where the IJB has a strategic partnership with an organisation it funds through a grant that the benefit in kind of any premises use is deducted. Should this be agreed we will work with partners and agree any adjustment using the existing daily rate as a benchmark. This has been tested with one partner and is seen as fair and equitable.
25. The charging policy is included at Appendix 2 and has been revised for 2023/24 to allow for the annual changes in DWP rates.
26. The IJB is asked to consider the parameters and membership of the Short Life Working Group and to request that the council Cabinet report ask for the option to propose changes to or introduction of charges out with its usual annual cycle.

## **CONSULTATION AND PARTNERSHIP WORKING**

27. Significant consultation will be required.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

28. The financial implications are included in the report. The scenarios modelled above are at high level and will require significant further work should this proceed. We do not have bridging finance to phase in any change.

### Workforce

29. None at present although additional work relating to any review would require reprioritisation of the existing workforce or additional posts to be created. There could be implications for the Council’s Money Advice & Rights Team, with whom we work closely.

### Risk

30. There is a risk that the increase in charges and introduction of the contribution model will adversely impact some people given the current cost of living crisis.

31. There are potential reputational risks resulting from changes to charging.

#### Equalities

32. A full equalities impact assessment was completed on introduction of the individual budget calculator. This will require review to reflect any changes.

#### **DIRECTIONS**

33. There are no directions.

#### **CONCLUSIONS**

34. There remain clear tensions at present between increasing existing charges, introducing new charges and the impact this will have on the people we support, many of who will also be impacted by the introduction of the Supporting People Framework. The IJB are asked to consider the information in this report to inform ongoing work required to support the charging for services agenda.

#### **RECOMMENDATIONS**

35. The Integration Joint Board is asked to:

- Note the issues raised in this paper.
- Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.
- Comment on the draft annual proposed inflation increases to existing charges for 2024/25 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2023, with the request to bring a further report if required.
- Consider the contribution element of the individual budget calculator.
- Note and comment on the Short Life Working Group progress so far and consider the proposed change to the charging policy.

#### **REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

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Chief Officer, IJB: Julie Murray

12 September 2023

#### **BACKGROUND PAPERS**

IJB Paper – 21.09.2021Charging for Services 23/24

[https://www.eastrenfrewshire.gov.uk/media/8152/IJB-Item-10-21-September-2022/pdf/IJB\\_Item\\_10\\_-\\_21\\_September\\_2022.pdf?m=637983202026730000](https://www.eastrenfrewshire.gov.uk/media/8152/IJB-Item-10-21-September-2022/pdf/IJB_Item_10_-_21_September_2022.pdf?m=637983202026730000)

EAST RENFREWSHIRE COUNCILCABINETNovember 2023Report by Chief Officer – Health and Social Care PartnershipHEALTH AND SOCIAL CARE PARTNERSHIP - CHARGING FOR SERVICES 2024/25**PURPOSE OF REPORT**

1. To update Cabinet on the proposed charges within the Health and Social Care Partnership (HSCP) for financial year 2024/25.

**RECOMMENDATION**

2. The Cabinet is asked to:
- (a) Note this update on charging within the HSCP;
  - (b) Agree the proposed increase to existing charges; and
  - (c) Agree to receive further proposals out with the annual reporting cycle subject to the outcome of a Short Life Working Group within the Integration Joint Board

**BACKGROUND**

3. This report is produced annually and identifies the proposed charging increases for 2024/25. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council, this function was not delegated to the Integration Joint Board.

4. The Integration Joint Board received this charging report at its meeting on 27<sup>th</sup> September 2023 **and agreed / or not** to remit the 2024/25 charging increases to Cabinet for approval.

**REPORT**

5. The standard rate of inflation, identified as part of the Council process, of 4.4% is the basis of increase to the existing charges within the HSCP. As with prior years this has been rounded up or down to the nearest £0.05. The proposed treatment of each existing charge is set out below:

Service	2023/24	Proposed Increase	2024/25
	Current Charge		Proposed Charge
	£	£	£
Community Alarms (per week)	3.1	0.15	3.25
Meals 2 courses	5.5	0.25	5.75
Meals 3 courses	5.7	0.25	5.95
Room Hire (per day)	7.8	0.35	8.15
Day care Charges to Other Local Authorities (per day)	137.6	6.05	143.65
Blue Badges (per application)	20	N/a	20
Bonnyton Residential Care (per week)	874.3	38.50	912.80
Inclusive Support Holiday Programme (per day)	42.7	1.90	44.60

6. The proposed charges represent a continued increase for individuals, Bonnyton House in particular, however there will be some mitigation as a financial assessment will determine the ability to pay.

7. The proposed contribution level for Individual Budgets was previously agreed at 5% of the chargeable element of the budget. Where an individual budget is in place the contribution will supersede any charge for individual aspects of a care package listed above. This was not implemented pre pandemic and the review of the Individual Budget calculator was postponed during the pandemic. This is currently being considered by a Short Life Working Group within the IJB along with any other options to generate income from charging, given the pressures facing health and social care.

8. In the event that this work is not concluded prior to the annual meeting of Cabinet to agree charging levels for 2024/25 the IJB respectfully requests that Cabinet considers receiving a report out with the annual reporting cycle.

9. The HSCP has a non-residential care charging policy in place to support the charges above. This was reviewed and agreed / or not by the IJB at its meeting on 27<sup>th</sup> September 2023.

## **FINANCE AND EFFICIENCY**

10. All financial issues are included in the report above, in relation to existing charges. The proposed increase to these charges, as set out in the table above, could generate a potential £42,000 income when the uplifts are applied to income budgets; in real terms the income achieved may be lower as this will be linked to the ability to pay and is also dependent on service delivery and demand, particularly as we evolve away from building based models of care.

## **CONSULTATION**

11. A full consultation exercise and equalities impact assessment were undertaken prior to implementation of the Individual Budget proposals, however any revision to the calculator and the implementation of the contribution will require a further equalities impact assessment. Further consultation will be needed with a range of stakeholders.

## **PARTNERSHIP WORKING**

12. The setting of fees and charges remains a responsibility of East Renfrewshire Council under the legislation.

## **IMPLICATIONS OF THE PROPOSALS**

13. A full equalities impact assessment was undertaken as part of the development of the Individual Budget implementation. However this will require review in the event of change.

14. There are no implications in relation to staffing, property, legal, sustainability or IT as part of this paper.

## **CONCLUSIONS**

15. The proposed increases to existing charges are in line with inflation however there needs to be recognition that the income that may be generated is subject to the ability to pay, through financial assessment.

16. The changing service delivery models will also impact on areas such as charges for

meals and charges to other local authorities for day services as we move to community based service and support.

**RECOMMENDATIONS**

17. The Cabinet is asked to:

- (a) Note this update on charging within the HSCP;
- (b) Agree the proposed increase to existing charges; and
- (c) Agree to receive further proposals out with the annual reporting cycle subject to the outcome of a Short Life Working Group within the Integration Joint Board

DRAFT

**REPORT AUTHOR AND PERSON TO CONTACT**

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0141 451 0749

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

Need to update for 2021  
and 2022

IJB 25.09.2020 – Charging for Services 2020/21

[https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_23\\_September\\_2020.pdf?m=637354314865830000](https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration_Joint_Board_Item_11_-_23_September_2020.pdf?m=637354314865830000)

IJB 26.06.2019 - Individual Budget Update

[https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_26\\_June\\_2019.pdf?m=637351721070000000](https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration_Joint_Board_Item_11_-_26_June_2019.pdf?m=637351721070000000)

IJB 27.06.2018 - Individual Budgets Self Directed Support Update

CABINET 28.11.2019 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet\\_Item\\_03v\\_-\\_28\\_November\\_2019.pdf?m=637350899335870000](https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet_Item_03v_-_28_November_2019.pdf?m=637350899335870000)

CABINET 30.11.2017 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet\\_Item\\_07v\\_-\\_30\\_November\\_2017.pdf?m=637383706570130000](https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet_Item_07v_-_30_November_2017.pdf?m=637383706570130000)



# East Renfrewshire Health and Social Care Partnership

## Non Residential Care Charging Policy 2023/24

Version 5

<b>Author:</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)			
<b>Creation Date:</b>	September 2019			
<b>Review Dates:</b>	<b>Date of last review:</b>	September 2023	<b>Date of next review:</b>	September 2024
<b>Changes:</b>	Sep 2023: 2023 DWP Rates updated			

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## Introduction

1. This Charging Policy explains how East Renfrewshire Health and Social Care Partnership (HSCP) considers and calculates the contribution to cost that people who use services will be expected to pay towards the services they receive from the HSCP.
2. Charges apply whether the service is provided directly from the HSCP, or by an external provider commissioned to provide services on the HSCP's behalf or where a person receives an individual budget (direct payment) and arranges their own support.
3. There are some services for which charges do not apply:
  - a) Criminal Justice social work services
  - b) Children in need, including; children subject to statutory and voluntary supervision arrangements, or are involved with social work under section 12 or section 22
  - c) People with mental health problems who are subject to community care or supervision and / or criminal court orders
4. There are some services which are provided free of charge:
  - Care at Home on discharge from hospital for a period of reablement
  - Free Personal Care and Free Nursing Care
  - Carers; some services to support unpaid carers will not be chargeable
  - Palliative care
  - Residential Rehabilitation; will not incur any individual contribution given the timing and nature of this service
5. The charges are set in line with statutory requirements and National Guidance, are remitted by the Integration Joint Board of the HSCP to East Renfrewshire Council to be approved by elected members and reviewed on an annual basis through the budget setting process.
6. The policy to support annual charges will be reviewed annually referencing the relevant legislation and guidance, including but not limited to the COSLA National Strategy and Guidance on charging for non-residential care. The key points from this guidance can be summarised:
  - a) The threshold for single people and couples be based on Income Support Personal Allowance, the Pension Credit – Standard Minimum Guarantee and a buffer of 25% of the thresholds to be up-rated on an annual basis, using the figures announced in November each year. Charging policies that reduce users' net income below these basic levels are not acceptable and undermine social inclusion policies.
  - b) The level of charge, which the service user will pay, will be determined by individual Local Authorities. Any charges should not exceed the cost of providing the service.

- c) Local Authorities should consider adopting a common approach to the treatment of income used to establish the threshold figure. This would take account of net earnings, all social security benefits with the exception of the mobility component of the Disability Living Allowance.
  - d) Local Authorities should ensure equality in charging irrespective of their financial circumstances, and widening client access to income maximisation.
  - e) Local Authorities should exercise discretion to disregard some forms of income
  - f) Where the service user has dependent children, recognition should be afforded to the costs associated with raising and maintaining children. To this end, all benefits paid for, or on behalf of a dependent child, will be disregarded.
  - g) Local Authorities should adopt capital rules similar to those applied in respect of Income Support, but without an upper level beyond which people would be refused service. This guidance does not prevent local authorities from using a higher capital threshold should they wish.
  - h) Where a service user has difficulty in meeting the approved cost of the service, due to their financial circumstances, it is recommended that councils use their powers to abate or waive charges. Local authorities should provide adequate information in their policies on waiving and abating charges.
  - i) It is recommended that all Local Authorities be pro-active in promoting benefit take up for service users. Where possible, local authorities should ensure that there are dedicated staff to promote and assist with Income Maximisation processes for service users.
  - j) All councils should provide clear and concise public information to service users on what elements of the service are free, what can be charged and what the level of charge will be.
7. Charges are linked to an individual's ability to pay. How we determine this is through a Financial Assessment with supporting detail in Appendix 1 to this policy.
8. The Chief Officer and Chief Financial Officer of the HSCP have the delegated authority to waive a charge in exceptional circumstances.
9. When a person is in receipt of an individual budget a contribution towards the cost of care is an element of the budget calculator. This contribution will supersede any charge for individual service elements. The Chief Officer and Chief Financial Officer of the HSCP have the delegate authority to set this contribution level of between 5% to 10% of the chargeable elements of the individual budget, to be deducted at source.
10. Where a financial assessment is undertaken as part of an Individual Budget only the individual's income will be assessed, this is because the wider support is taken account of within the budget calculator.
11. Where there is a Technology Enabled Care element to a care package that is reliant on community alarm technology the charge normally levied for a community alarm will not apply.
12. Where bookings or cancellations are required these will be subject to local service arrangements.

13. Treatment of compensation payments should be considered where the breakdown of any compensation award includes provision for the cost of care. Any such element should be included in assessment and the ability to pay, subject to legal advice and agreement to ensure the financial assessment is accurate and fair.

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### Financial Assessment – An Assessment of Ability to Pay

1. The Convention of Scottish Local Authorities (CoSLA) provides annual advice on the level of weekly income below which a person cannot be asked to pay charges. These are known as Minimum Income Thresholds and are updated each financial year in line with the Department of Work and Pensions (DWP) benefit up-rates.
2. If the assessable weekly income is less than the income threshold figure, there will be no charge for services other than any flat rate charges e.g. payment for trips and outings not part of a care plan.
3. If the assessable weekly income is more than the income threshold figure, the charge or contribution will apply. Any contribution to the Independent Living Fund will be taken into account and will not result in a “double contribution”.
4. Financial Assessments will be carried out by the HSCP’s Finance Support Officer and / or the Council’s Money Advice and Rights Team (MART). We will meet with service users and gather appropriate financial information to enable the charge to be determined.
5. Where individuals do not wish to claim benefits to which they are entitled they will be financially assessed as if they were in receipt of these benefits.
6. Where a financial assessment is declined the full charge or contribution for the service will be applied.
7. We will not ask you to pay more than you can reasonably afford. When we ask you about your income to see how much you can pay, this is known as a Financial Assessment.

Each year we will set a weekly income amount for single people and couples depending on their age as follows:

Single person under pension age	£156
Single person over pension age	£252
Couple under pension age	£238
Couple over pension age	£384

If your income is below this weekly amount, we will not charge you for services. This does not apply to any flat rate charged services described below.

- You will be asked to give information on your income every year.
- We look at your total weekly income from all sources including you capital and savings. (A set amount is ignored from your capital and savings).
- We disregard set amounts depending on your age as shown above.

## **Income Disregarded in the Financial Assessment**

8. The following income sources are disregarded:

- Disability Living Allowance, Adult Disability Allowance (previously Personal Independence Payment (PIP)) and Attendance Allowance
- War Widows Pension and War Disability Pension
- Kinship Care/Residence payments
- Industrial Injuries Benefit
- Payments made from a Gallantry award
- Any pension paid from the Austrian or German Government as compensation
- Income derived from benefits paid for or on behalf of children
- Government funding for specific initiatives such as cost of living utilities support

### **We also disregard:**

Any backdated benefits you receive as a result of a benefit check (for 52 week)  
Any other charges applied by the Council (does not include the leisure trust)

### **Treatment of Capital:**

- Capital such as savings, bonds, stocks and shares, ISAs etc. will be taken into account in determining charges for the service.
- Capital and/ or savings up to a set disregard threshold will be disregarded (this amount is reviewed annually) as will be any property owned and lived in by the service user.
- For service users with capital in excess of the disregard threshold, a tariff income is applied. For people over pension age, this is currently £1 for each band of £500 over the disregard threshold and for people under pension age, the tariff is £1 for each band of £250 over the disregard threshold. These amounts are added to assessed income.

## **Non-Disclosure or Incorrect Information Provided in Respect of Financial Assessment**

If an individual does not wish to divulge financial information for the financial assessment, the HSCP will apply the full charge or contribution for the service.

If incorrect financial information has been provided the HSCP will seek to recover any amount due or will reimburse any amount overpaid. A new financial assessment will be undertaken and the correct charge applied.

The HSCP will have the right to pursue charges not paid through East Renfrewshire Council's corporate debt recovery process.





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	27 September 2023	
<b>Agenda Item</b>	10	
<b>Title</b>	Chief Social Work Officer's Annual Report 2022/23	
<b>Summary</b>		
<p>This report provides an overview of the professional activity for social work within East Renfrewshire for 2022/23 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.</p>		
<b>Presented by</b>	Raymond Prior, Head of Children Services and Justice, Chief Social Worker Officer	
<b>Action Required</b>		
<p>The Integration Joint Board is asked is asked to consider the contents of the report and approve its submission to Council.</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**27 September 2023**

**Report by Chief Social Work Officer**

**Chief Social Work Officer's Annual Report 2022/23**

**PURPOSE OF REPORT**

1. This report presents to members the Chief Social Work Officer's Annual Report for 2022/23. The report is attached at Appendix 1.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to consider the contents of the report and approve its submission to Council.

**BACKGROUND**

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser.
4. The report provides a narrative of statutory social work and social care activity. The template outlines the current pressures being experienced across the service and describes:
  - Governance, Accountability and Statutory Functions
  - Service Quality and Performance
  - Challenges and Improvements
  - Resources
  - Workforce
  - Training, Learning and Development
  - Looking ahead
5. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

**CONSULTATION AND PARTNERSHIP WORKING**

6. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee as well as being the professional advisor to the Council.

## IMPLICATIONS OF THE PROPOSALS

### Finance

7. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the Health and Social Care Partnership.

## CONCLUSIONS

8. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2022/23 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
9. We have many examples of success to celebrate and build on. There continues to be a number of significant challenges and risks facing social work and social care within East Renfrewshire, financial instability and uncertainty being core pressures. We are unable to meet these challenges without the continued commitment and dedication of our social work and social care staff.
10. The experience of many in our communities post pandemic has been challenging with added complications and pressures such as the cost of living crisis. This has involved responding to higher demands for support and increased complexity in continued unpredictable times.
11. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## RECOMMENDATIONS

12. The Integration Joint Board is asked is asked to consider the contents of the report and approve its submission to Council.

## REPORT AUTHOR

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0141 451 0748

September 2023

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Paper: 21.09.2022 - Chief Social Work Officer Annual Report 2021-22  
[https://www.eastrenfrewshire.gov.uk/media/8187/IJB-Item-08-21-September-2022/pdf/IJB\\_Item\\_08\\_-\\_21\\_September\\_2022.pdf?m=637987721807770000](https://www.eastrenfrewshire.gov.uk/media/8187/IJB-Item-08-21-September-2022/pdf/IJB_Item_08_-_21_September_2022.pdf?m=637987721807770000)



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE PARTNERSHIP**

**CHIEF SOCIAL WORK OFFICER'S  
ANNUAL REPORT**

**1 April 2022 – 31 March 2023**



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## Introduction – Reflection on the Past Year

The role of social work professionals is to support, care for and protect people across the whole of the life course, to enhance the wellbeing of and improve outcomes for children, young people, families and adults. Our staff assess, respond to and manage risk and play a key role in managing public protection.

In the past year our workforce have continued to support individuals and families within East Renfrewshire during national and local difficult times. The experience of many in our communities post pandemic has been challenging with added complications and pressures such as the cost of living crisis. This has involved responding to higher demands for support in continued unpredictable times. Our staff have continued to respond and support creatively never losing sight of the individual and an attempt to help increase self-efficacy.

This report provides a summary of our statutory services and highlights the work and dedication of our staff in supporting our residents and improving outcomes. The report covers the period April 2022 – March 2023. In particular I would highlight the inspection of Children and Young People at Risk of Harm undertaken by the Care Inspectorate in this period. East Renfrewshire's Children's Services Partnership were graded excellent and had no improvements to make. This is a national first. In January 2023 East Renfrewshire Adult Protection Committee received notification of a joint Adult Support and Protection inspection. Although not captured in this timeframe we can now acknowledge that East Renfrewshire was assessed as very good in relation to our local adult support and protection arrangements. As Chief Social Work Officer I am immensely proud of these achievements and am assured that public protection in East Renfrewshire is of the highest standard.

We have other examples of success to celebrate and build on:

- Excellent partnership working with families and third sector colleagues.
- Multi-agency approaches to mental health and wellbeing.
- Evidenced relational based and trauma informed practice.
- Continued commitment to the principles of The Promise and system wide family support.
- Integrated health and social work teams.
- Commitment from elected members and Chief Executive to the Champions Board and participation of care experienced young people.
- Permanence planning for children unable to remain with birth families.
- Multi-agency neuro-developmental and disability planning and support.
- Commitment to uphold children's rights via UN Convention on the Rights of the Child (UNCRC).

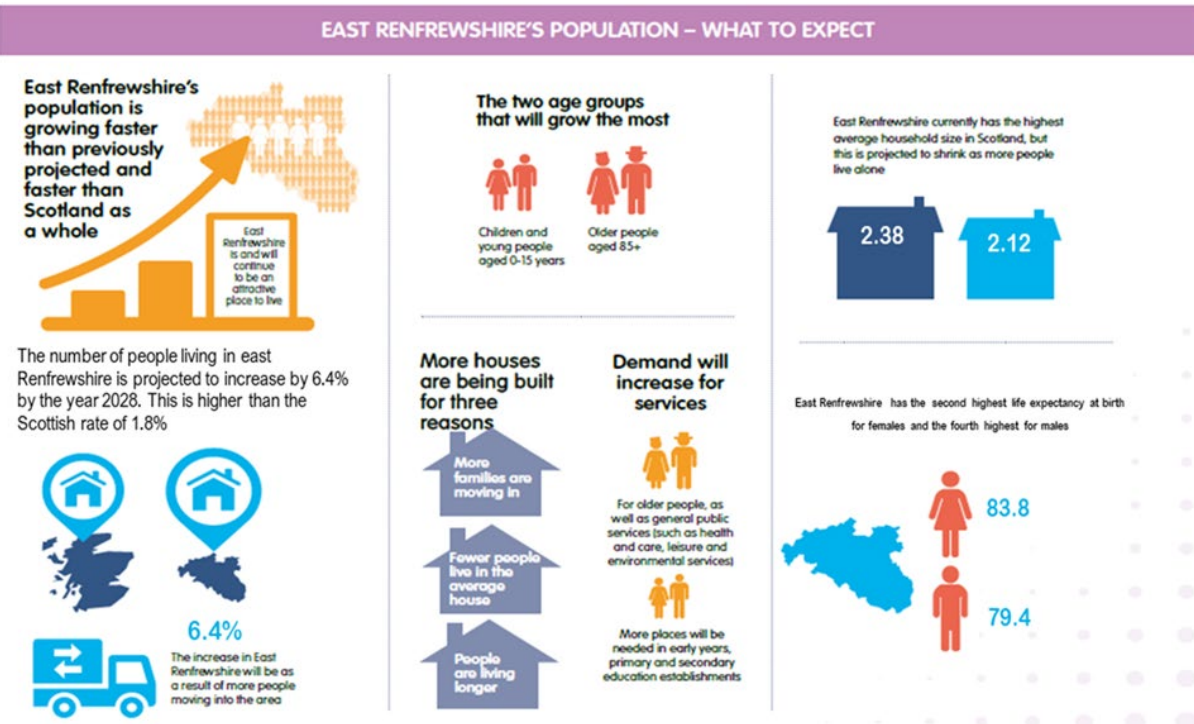
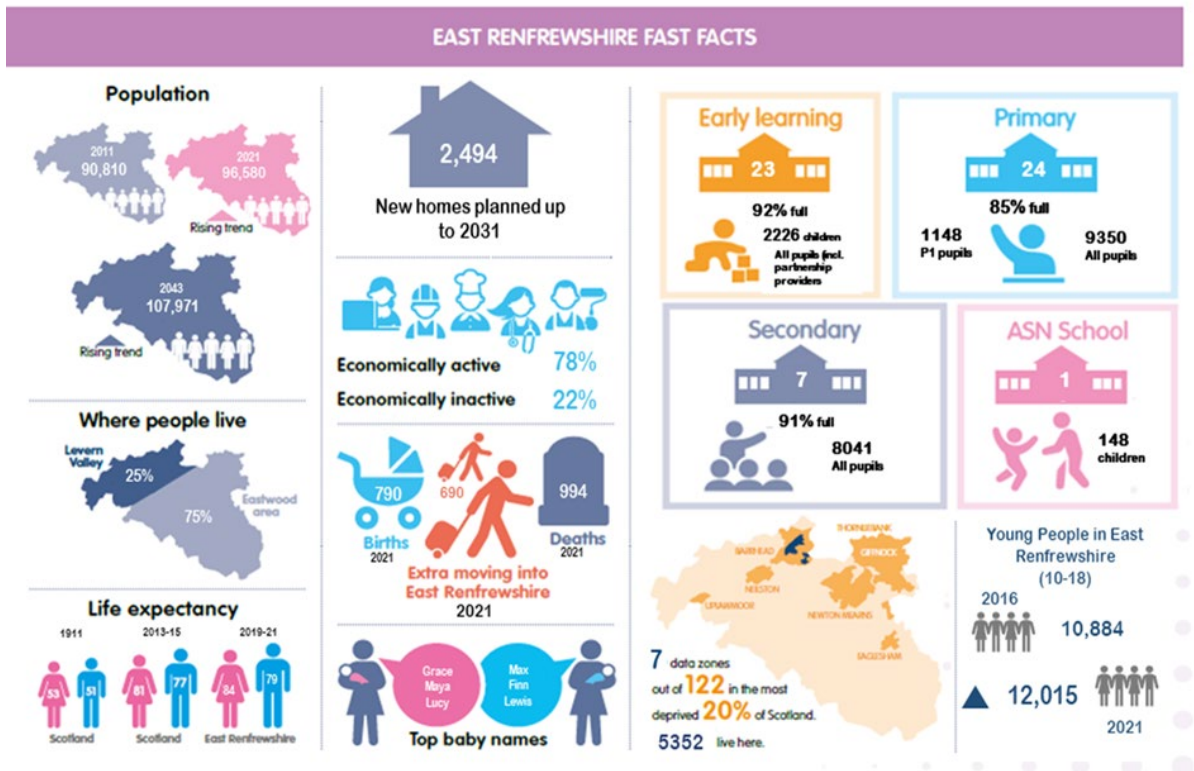
- Transition planning into adult services for children with complex needs.
- Invaluable community engagement via Talking Points and older resident community groups.
- Excellent public protection services.
- Multi-agency partnership regarding the North Strathclyde Scottish Child Interview team and Barnahus.
- Evident support to victims of domestic abuse and best use of Multi Agency Risk Assessment Conferences (MARAC) processes.
- Strengthen care home assurance visits.
- Learning Disabilities team implementation of the national Dynamic Support Register.
- Community Pathways teams partnership with Education.
- Implementation planning with Paisley Sheriff Court regarding electronic monitoring and bail supervision.

We are also aware of significant challenges that confront us:

- Ongoing arrivals of Unaccompanied Asylum Seeking Children (UASC) via the mandated National Transfer Scheme.
- Challenges of recruitment and retention of staff in particular care at home staff and mental health officers.
- Increase of children and adults with a neuro-developmental profile requiring support.
- Supervision of increased private guardianship orders are challenging given increase in complexity and demand.
- Delivery of high quality services across social work given the financial pressures placed on the sector.
- Crisis in recruiting and retention of learning disability staff.



## East Renfrewshire Population Facts



**Section 1: Governance, Accountability and Statutory Functions**

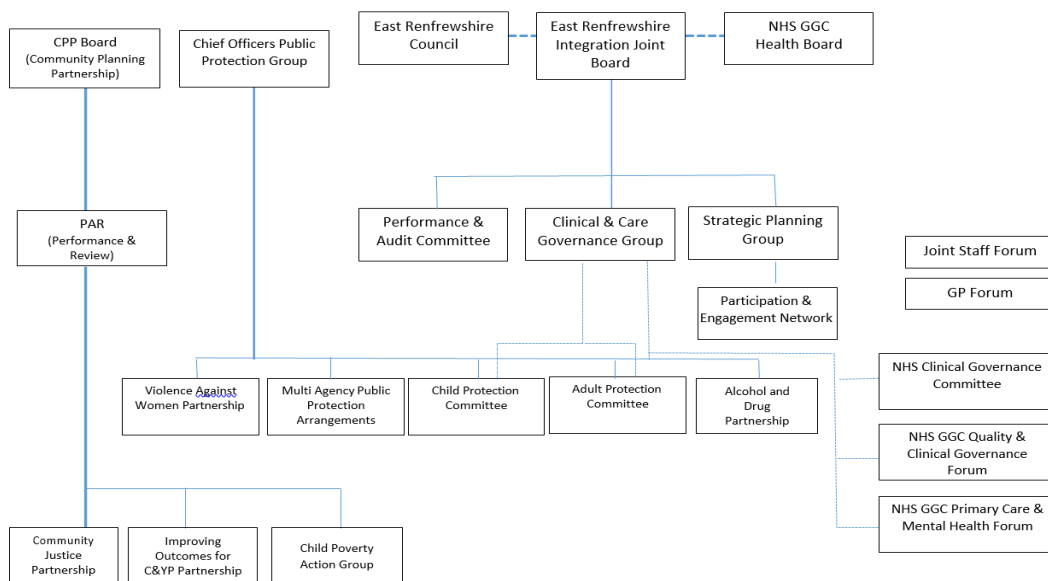
East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire’s Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and care services, we provide health and social care services for children and their families and criminal justice social work.

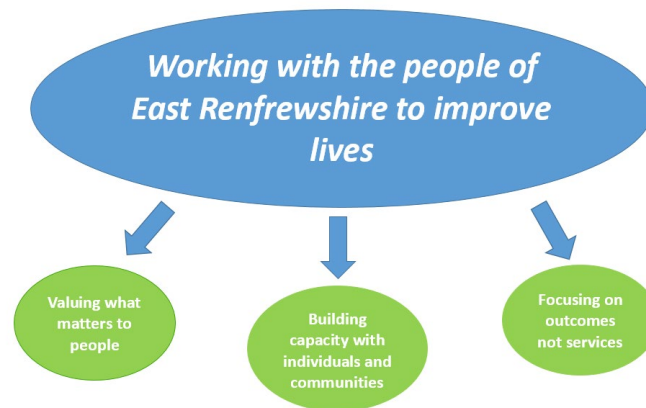
During the last 17 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

This Chief Social Work Officer report reflects the eighth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership and East Renfrewshire Council with professional advice, leadership and oversight of all social work and social care functions. The Chief Social Work Officer is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire and reports to the Chief Executive for East Renfrewshire Council in his role. East Renfrewshire Council’s Chief Executive chairs the Chief Officer Public Protection Group. The group meets twice a year and the Chief Social Work Officer acts as their professional advisor.

The chart below shows the governance, relationships and links with partners.



## Our Strategic Vision and Priorities



Our vision statement, “*Working together with the people of East Renfrewshire to improve lives*”, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

## Strategic Planning and Commissioning

Our strategic plan is the third iteration since our initial plan in 2015. We have recently extended our priority for mental health to include mental health and wellbeing across our communities. We have changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare; and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For our current 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity.

We will continue to build on our established relationship with our external provider and partners to work together to develop a shared approach to strategic commissioning and market facilitation for East Renfrewshire. Over the past year we have been working alongside external partners to develop a shared collaborative commissioning statement for East Renfrewshire. This shared statement of intent sets out agreed principles and approach which are co-designed with wider partners and stakeholders on how we will work together.

## Annual Performance Report

Our [Annual Performance Report 2022-23](#) has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2022/23. It provides information about the progress we are making towards delivering our strategic priorities and achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

**Clinical and Care Governance Group**

The Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integrated Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement.

## Section 2: Service Quality and Performance

### 2.1 Children's Services

#### Early Identification and Intervention

The Request for Assistance team ensures that children and their families receive a thorough and prompt response to any referrals and / or enquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

From 1 April 2022 to 31 March 2023, the Request for Assistance team completed a total of 1734 enquiries and 754 initial assessments, with 29% of those initial assessments requiring targeted intervention, an increase from 2021/22. This highlights the increasing complexities evident in our communities post pandemic.

#### Children 1st Family Group Decision Making

This service is based alongside our request for assistance team and was offered to 51 families across the reporting period. Eight families were already being supported leading into this period and a further 43 families were introduced to the service.

From April 2022 to March 2023 there has been 48% increase in families connected to the Family Group Decision Making Service in comparison to the same period in 2021/22. Family Group Decision Making allows families to be the experts in their own lives and formulate their own plans to make change.

#### Family Group Decision Making Feedback

*"The violence and aggression has stopped. I've stopped reacting as quickly."*

**Parent A**

*"There is more understanding between everyone, and we are all more considerate of each other."*

**Parent B**

*"We are not seeing a lot of families referred back to Request for Assistance after having Family Group Decision Making support."*

**Team Manager, Request for Assistance**

*"Offering Family Group Decision Making put the power back to the family."*

**Social Worker, Request for Assistance**

*"Family Group Decision Making helps families to draw on their strengths and think about their wider network that perhaps they had not considered before."*

**Social Worker, Request for Assistance**

## **Children and Young People’s Mental and Emotional Wellbeing**

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children and young people’s population. The impact of the Covid-19 pandemic has exacerbated the circumstances for many children, young people and their families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This includes those who have a neurodevelopmental diagnosis. In response to this a multi-stakeholder Healthier Minds Service aligned to school communities, continues to identify and ensure delivery of mental wellbeing support to promote children and families’ recovery. This is working alongside our existing Children 1st Family Wellbeing Service which links to GP practices. In addition local Youth Counselling provision has also been increased.

### **Children 1st Family Wellbeing Service**

Over the past year, the Family Wellbeing Service has continued to successfully support children, young people and their families. Families are still recovering from the physical, emotional and financial impact of the last couple of years and are presenting at GP surgeries with more acute wellbeing and mental health concerns. Our continued focus on building strong relationships with children and their families as well as partner agencies has enabled us to manage demand, meet the changing needs of families; improve emotional wellbeing and mental health and keep children safe.

At the end of the reporting period 2021/22 156 families were still being supported by the service with a further 146 referrals received during the reporting period 2022/23. This meant that across this reporting period 302 children, young people and their families were offered support from the Family Wellbeing Service.

The latest data suggests that support from the Family Wellbeing Service has reduced the re-presentations of children and young people experiencing emotional distress at GP surgeries by 86% (6 months post closure).

<b>Making a Difference Outcome</b>	<b>% of families who experienced improvement</b>
<b>Increased Safety</b>	92
<b>Improved Relationships</b>	88
<b>Recovery from trauma</b>	87
<b>Improved Wellbeing</b>	87

### **Healthier Minds Team**

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier Minds service is East Renfrewshire’s framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff across the children services partnership.

The Healthier Minds hub has representatives from Child and Adolescent Mental Health Services (CAMHS), Social Work, Recovery Across Mental Health (RAMH) Youth

Counselling, Educational Psychology, Community Learning & Development and the Children 1st Family Wellbeing Service. Hub members meet weekly to consider referrals and the needs of the child or young person to determine the route for provision of the optimal support.

The three key elements of the service are:

1. Strategic mapping and support to maximise school community capacity to be trauma responsive.
2. Provision of direct services to children and families to build on strengths.
3. Emotional and mental wellbeing and strengthening of the existing school counselling model.

During 2022/23:

- 416 children & young people were referred to Healthier Minds, these were discussed over 43 multi-agency screening hubs.
- 39% were supported by Recovery Across Mental Health, Youth Counselling Service and 38% were supported by the Healthier Minds Team, with the remaining young people continuing support with existing services and support being offer from school or had sufficient supports in place.
- 122 re-referrals were received in this period. The three highest reasons for referral remain unchanged since the service was formed; anxiety, low mood and emotional regulation.
- 25% of the children & young people referred have an additional support need, half of which have and diagnosis of Autism with a further 7% of the total number of children & young people referred have traits associated with Autism. A growing number of those referred have a higher level of risk and complexity.
- 93% of the children & young people supported by the Healthier Minds Team reported improved mental health and wellbeing.
- Parents who completed the post evaluation would recommend the service to others.

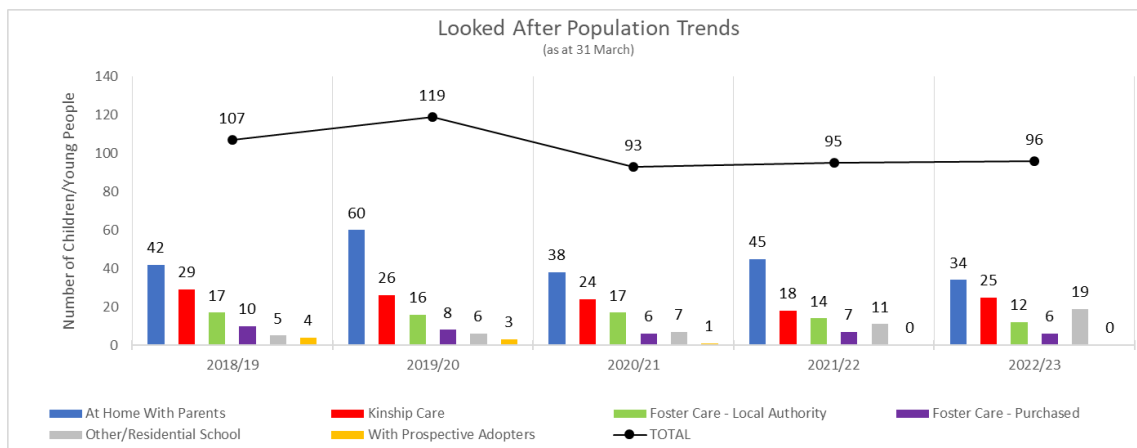
*One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.*

*"We don't always want to be referred to a 'specialist service' and instead want class teachers, janitors, peers and the whole school community to feel confident to let us talk about mental health."*

***ER Youth Voice and Champions Board Mental Health Working Group***

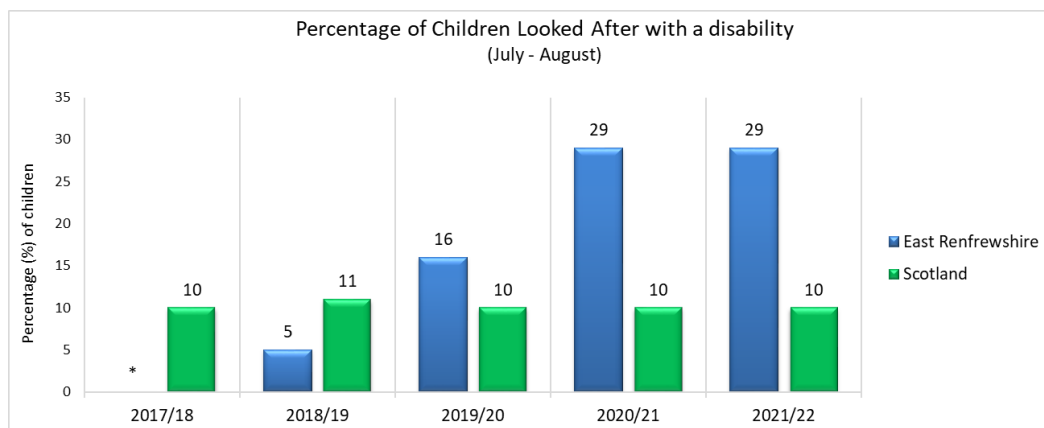
## East Renfrewshire's Looked after Children and Young People's Population - A Profile of our Children

On 31 March 2023, 96 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.4% of the total children's population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 56% boys and 44% girls. We have continued to work to improve outcomes for children by securing permanent destinations for them. The number of children looked after at home is below pre-pandemic levels and there is an overall reduction in the number of children looked after away from home.



In this year, the average amount of time children were looked after at home increased from 17 months in 2018/19 to 21 months in 2022/23.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 29% of looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



Source: Children's Social Work Statistics, Scottish Government



### **Intensive Family Support Team**

The intensive family support service works alongside community social work, with families of children under the age of 12 years, where a need for more intensive support has been identified. In particular a referral to the team is recommended when children have been, or are at risk of being, removed from the care of their family and if child protection registration is being considered, including at the pre-birth stage. Integrating a Health Visitor within the team has strengthened the support and assessment for children and families for pre-birth and pre-school age children.

Between April 2022 and March 2023, 46 children received support from the Intensive Family Support Service. The majority of children supported (46%) were in 0 – 4 age group. Building and strengthening parent / carer strengths and safety was the primary intervention in 62.2% of cases. 46.7% of current cases are known to be at risk of accommodation. The team provide a high level of support to families across seven days with an ethos of upholding the aims of The Promise to keep families together wherever possible and provide the right support at the right time for as long as families need it.

The creation of a health visitor post in our Intensive Family Support team has afforded the opportunity to provide health advice, support and guidance to families we work with when they need it and as often as they need it covering topics such as home safety, sleep routines, nutrition, bonding and attachment. It allows a health visiting service to parents, who would ordinarily not have benefited from this. This includes mothers, whose babies are not in their care, but who have lots of supervised time with their children. The health support ensures parents are given the advice they need from an experienced health professional. This means we can strive to keep families together where it is safe to do so, recognising the importance of getting it right in the critical early stages of life.

Health visiting advice and guidance has also been given to fathers who do not have full-time care of their children, but are actively involved and want to be the best parent they can be. The impact of the health visitor being integrated into the intensive family support team is hugely beneficial and welcomed by parents.

### **Youth Intensive Support Service**

The Youth Intensive Support Service is the lead service for all looked after young people aged 12 - 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse.

Using a relationship based model the team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, namely to support young people eligible for Continuing Care up to the age of 21 years and for Aftercare up to the age of 26 years. The service's aim is to successfully engage the most hard to reach young people in East Renfrewshire by providing and co-ordinating multifaceted support plans. The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.

- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.

In 2022/23 a total of 127 young people received support from Youth Intensive Support Service and the most common age group was nineteen plus years, which made up 37.0% of the total supported. In the reporting period:

- 48.4% were currently looked after.
- 31.0% were known to be at risk of accommodation.
- 16.7% were at risk of custody.
- 19.0% were at risk of hospitalisation.
- 20.6% received additional (commissioned) support.
- In 68.3% of open cases, a signs of safety plan and participation was the most common intervention, followed by support to gain employment, training or education.

### **Champions Board, Group Work and Participation**

We continue to support our Core Champions Board Group, Mini Champs and wider participation groups within East Renfrewshire to ensure that relationships and voice are at the heart of what we do. There is engagement with children, young people, families and communities, with the following successes:

- Young people engaged in 'Track to the Wall', a nine month programme based around Graffiti Art, song writing and performance leading to young people creating murals and releasing their own songs on Spotify.
- Children and Young People celebrated their care experience through attending Who Cares? Scotland Ceilidh, Time to Shine and the Love Rally alongside their corporate parents.
- Children, Young People, Parents and Carers met with the First Minister in Barrhead on Care Day 2023 to mark the three year anniversary of The Promise and to celebrate lived experience.
- The Champions Board held a premier of a mental health film for their corporate parents. This film was created by young people with lived experience, sharing the challenges they face and will be used as a training resource.
- Children, Young People, Parents and Carers attended workshops to share their views on how it feels to attend a Children's Hearing. This work was in

collaboration with CELCIS and will be used to inform practice both locally and nationally.

- East Renfrewshire hosted a National Leadership Network Roadshow, which was led by one of our Champions Board Members. The event was attended by both young people and Corporate Parents and explored leadership and opportunities available for young people.
- The Mini Champs continue to meet fortnightly to support care identity in a fun, nurturing way.

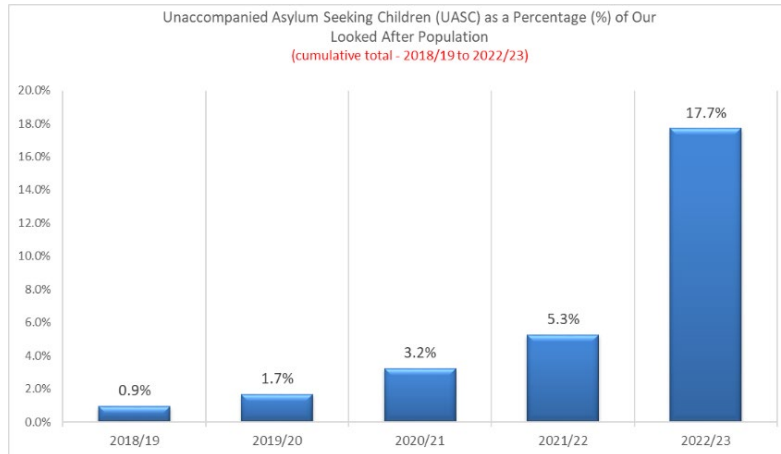
Our Aftercare group continues to meet on a monthly basis, offering support, peer interaction and a sense of belonging.

### **Unaccompanied Asylum Seeking Children**

The UK Government has been operating the National Transfer Scheme for unaccompanied minors arriving in England to be transferred to Local Authorities across the UK. The number of unaccompanied asylum seeking children requiring accommodation is projected to increase for every local authority in Scotland. The Youth Intensive Support Service is the main support service for these unaccompanied children in East Renfrewshire. A total of sixteen Unaccompanied Asylum Seeking Children (UASC) have been accommodated in East Renfrewshire since 2017.



Since the implementation of the mandated National Transfer Scheme in November 2021 the proportion of Unaccompanied Asylum Seeking Children (UASC) in our looked after population in East Renfrewshire has risen significantly and is predicted to continue to increase.



## **Fostering, Adoption and Supported Care**

The Fostering, Adoption and Supported Care Team have sought to continue to provide safe and stable placements to meet the needs of children and young people. Our carers have been integral in continuing their support to our children and young people. They have provided consistency, stability and care to our children and young people throughout this year. We continued to progress assessments and foster carer annual reviews through our Adoption and Permanence Panel.

### **Fostering**

We have fourteen approved fostering households providing foster care to eleven children and young people along with two fostering households providing short breaks to two children and their families.

In 2022/23, we had young people ceasing to be looked after and moving into continuing care. The majority of our young people have been able to remain in the same placement and continue to have support from carers who they have developed strong relationships with. This is a real strength in practice for our team with carers showing commitment to young people beyond eighteen years of age.

*“Why my fostering community matters to me....*



***Foster Carers***

### **Adoption**

We have continued to offer our quarterly support group to adopters, any adoptive parents residing within East Renfrewshire or have been matched with East Renfrewshire children are welcome to attend. These allow parents to meet up, provide support to each other and hear from guest speakers or focused input.

Our team have provided support to children's social workers to complete Child's Adoption and Permanence Report paperwork and progress plans for children to permanence.

*“As Independent Chair of the Adoption and Permanence panel, I have the privilege of reading and hearing about many different aspects of the work that goes on across Children's Services. One of the biggest decisions we can ever make, is in relation to whether a child requires permanent care, away from home. This is complex and emotionally charged work, with many competing demands.*

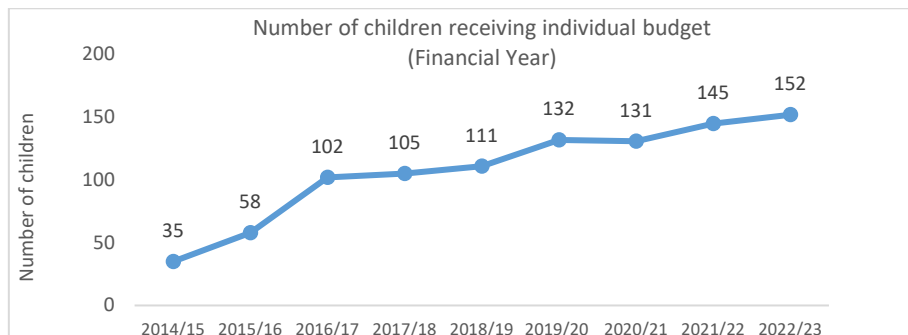
*We have been so impressed by the intentionally inclusive and sensitive practice of supporting parents, and on occasion, grandparents through this multi-layered process. The thought and sensitivity shown to families and time given to truly ensuring that families are supported to understand the very complex steps of permanence planning, has been inspirational to myself and other panel members. It is evident how this support has enabled them to work with (not against) the authority, without shame, for the benefit for their child.*

*To do this work in a way, which models positive working relationships, throughout emotionally challenging decision making, is nothing short of life-changing. As a panel we would wish to feedback our appreciation of the exceptional skills, values and dedication of the workers who carry out this work and we pass on our immense thanks.”*

**Chair of East Renfrewshire Adoption and Permanence Panel.**

### **Children with Disabilities**

We have fully adopted the principles of Self-Directed Support in partnership with children and their families. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 39% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has increased by 334% since 2014/15 as shown in the chart above. In 2022/23, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has decreased from £611,222 for option one payments in 2021/22 to £573,634 in 2022/23

which is a 6% decrease with the same period last year. Although more children are receiving a budget, regular reviews of these have resulted in a decreased spend overall. It is anticipated that this will continue to be an area of significant demand over the years, considering the migration of families who have children with disabilities into East Renfrewshire.

### **Cygnets Parenting Programme for Parents**

East Renfrewshire Cygnets Parenting Programme for parents of children with an autism diagnosis has been very successful with high attendance and completion rates and programme evaluation has consistently reflected improvement in parental confidence in supporting children and young people with autism. Six programmes were delivered during 2022/23 to a total of 45 families. An offer was made to families where children (5 – 19 years) had received a diagnosis of Autism during the previous 2 / 3 years.

A further programme was provided to an existing group within the Carers Centre. This was the first time the programme was delivered to an established group exclusively within our Black and Minority Ethnic (BME) community. Of note were the more significant improvements in parental confidence within the Black and Minority Ethnic community. In part this may be reflective of the already established group or the fact that families reported they had minimal Autism specific support, with many children having received a diagnosis a number of years previous.

The majority of parents rated the course as excellent and commented that their understanding of Autism had increased and felt they had an increased awareness of behaviour management techniques.

### **Inclusive Support Service**

The Inclusive Support Service is comprised of three distinct services: holiday provision, out of school activity clubs and individualised support services. The service provides a range of targeted support for children and young people aged 5 – 18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

During 2022/23 East Renfrewshire Inclusive Support Team in consultation with Social Work and partners in Education and Health worked to provide targeted support for our most vulnerable children and young people focusing primarily on those with complex support needs.

Our staff provide the nurturing care and support rated as excellent by The Care Inspectorate during an unannounced inspection in July 2022. Staff from within Inclusive Support have been crucial to the delivery of aspects of individualised care plans for some highly complex young people and this is an area of need we will build on.

We currently have 249 children registered with the service, and in 2022/23 we have supported young people to engage in out of school activities such as football, drama, music and cooking with activities provided over four evenings a week and Saturdays.

This work is carried out in conjunction with both SupERkids a parent led charity and East Renfrewshire Culture and Leisure Trust.

### **Rights of Children**

The UN Convention on the Rights of the Child (UNCRC) is a core international human rights instrument which was adopted by the UN General Assembly in 1989 and ratified by the UK Government in 1991. The UN Convention on the Rights of the Child sets out the human rights of every person under the age of eighteen and has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.

The Children and Young People (Scotland) Act 2014 further strengthens children's rights and places duties on local authorities, health boards and partner agencies to plan, develop and deliver services in this policy and legal context.

Our new Children's Services Plan 2023-26 has been developed using a rights based approach and directly links to our commitment to promoting and protecting children and young people's rights. In preparation for incorporation of the UN Convention on the Rights of the Child into Scots Law, East Renfrewshire Council, the Health and Social Care Partnership along with the wider partnership, established a UN Convention on the Rights of the Child Implementation Group to ensure that all agencies and their staff are supported to consider the implications for how we deliver council services. This group are progressing three main themes linked to participation of children and young people, promotion of rights across all services and publicising children's rights to children and families.

Underpinning this work is a commitment to improving outcomes for all of our children and young people. We respect each child's right to family life and to grow up loved, safe and respected so that they can reach their potential. However we understand our additional responsibility to protect the rights of particular groups of children and young people who experience barriers to success and achievement or whose rights are threatened by abuse or poverty. For those children who need additional support, we work with them to assess their circumstances and make decisions with them and their families. We seek children's views on a wide range of issues using appropriate and inclusive tools and we routinely consult with them when new policies and services are being developed and reviewed.

### **Children's Services Planning and The Promise in East Renfrewshire**

Children's planning has a very high profile in East Renfrewshire and all partners have worked together to renew commitments to children, young people and their families; as set out in East Renfrewshire's Children and Young People's Services Plan 2023 - 2026 – "At Our Heart – The Next Steps". Our priorities remain keeping children safe, improving children's mental wellbeing, enhancing support to children with complex needs and ensuring that The Promise is at the centre of all we do.

The East Renfrewshire approach, as laid out in the new plan, is underpinned by the Refreshed Getting It Right for Every Child policy framework and informed by the United Nations Convention on the Rights of the Child. Across East Renfrewshire Health and Social Care Partnership Children and Families services the core values of relational

based practice, listening to children, focusing on the strengths of families, and being trauma informed, drive our delivery and inform our understanding of what we need to improve.

The Promise clearly identified the need to significantly upscale family support services and identified whole family support as a priority in the Promise Plan 2021 – 2024. Our support for families is integrated within our services through the Refreshed Getting It Right for Every Child and Signs of Safety approaches. This means that we focus on strengths and work in partnership with parents and children as we help them to identify and achieve their goals.

We have identified five priority groups that we will be focusing on over the next year: complex disability, complex neurodiversity (with co-morbid mental health presentations), domestic violence, child and family poverty, and young families.



## **2.2 Adult Social Work and Social Care**

### **Assessment and Review Activity**

The locality teams continue to undertake dynamic risk assessments and staff are encouraged to think creatively in relation to how we support individuals. Despite significant pressures our data show real progress over this period.

### **Care Home Assurance**

Nationally there has been noted to be a significant staffing crisis in our care homes, with difficulties in relation to recruitment and retention of staff. This has resulted in higher than average use of agency staff within some care homes, and a more transient workforce. The local impact of this has been noted, and support and assurance continues to be provided and has been at the forefront of East Renfrewshire's response to the care homes since the pandemic.

The Care Home Assurance Team continues to report any relevant data to Scottish Government. There is an established programme of assurance visits to care homes, which post pandemic has enabled good relationships to be developed with care home staff and residents. There is a care home assurance tool, which is used to measure and benchmark the care and safety of residents, the skills and knowledge of the staff, and the overall appearance and facilities of the care home. This is currently being revised following feedback from all partnerships.

### **Initial Contact Team**

In 2022/23 the findings and recommendations from an independent review of the Initial Contact Team, have been implemented with a number of strategic and operational improvements now in place.

The recommendations from the review have led to a change of structure and the addition of a number of new roles, designed to strengthen the multi-disciplinary team approach. The team now comprises of a multi-disciplinary health and social care workforce. The team has also built excellent partnerships across all sectors, on a local, regional and national level. Our partnership approach is broad and inclusive ensuring that we are able to develop and deliver our services in partnership with many other organisations, specifically through our "Talking Points" programme.

In the space of just six months from implementation, the team managed to reduce our waiting list by almost two thirds and have consistently maintained the level below fifty through the first few months of 2023.

### **Learning Disability Community Team**

As with all Health and Social Care Partnership services within East Renfrewshire and nationally the biggest challenge facing the Learning Disability team over the past year has been the crisis in recruitment and retention of staff within social care. Within Learning Disability this proves an even greater challenge due to the complexity of some of the people we work with.

The Learning Disability team were at the forefront of developing the Dynamic Support Registers<sup>1</sup>, as a long established team process ensuring greater visibility and collaborative practice for people at risk of placement breakdown, hospital admission or placement out of area.

The team are also undertaking work with Child and Adolescent Mental Health Services (CAMHS) colleagues to develop the transition pathway used in East Renfrewshire as a framework that can be rolled out across NHS Greater Glasgow & Clyde to improve outcomes for young people moving to adult services. The existing processes are easily adaptable to all young people requiring specialist support into adult services and not specific to those with a learning disability.

The team, in collaboration with the newly created Transitions Team organised and hosted a Transitions Engagement Event. This provided young people, their families and a range of Health and Social Care Partnership and Education colleagues and third sector partners to congregate, share information and gather the views of young people around their aspirations and expectations of support during the transition to the adult world.

*“Ask about all the family members who might need support - transition can be difficult for the whole family”*

***Transitions to Adulthood Consultation with Service Users***

*“...use carer knowledge in a positive way. We want to be asked about our young person, be listened to, heard, and not dismissed”*

***Transitions to Adulthood Consultation with Service Users***

### **Community Pathways (Previously Day Opportunities)**

This service has continued to develop different models of service delivery that are flexible, responsive and adaptable to the prevailing situation. The team have been working closely with the Care Inspectorate to ensure the registration for the service moving forward reflects the service provision.

The biggest development in the service has been around the provision of support in all of the mainstream secondary schools with young people who require support during their transition from Education. Alongside the process of learning new skills the development of life skills such as problem solving, communication and developing confidence are just some of the benefits from this work. The service also links in with the wider multi-agency transition mapping process and the specialist knowledge that staff have of working with people with additional support needs is a valued addition to transition signposting and planning.

### **Transitions Team**

This team was established in September 2022 and has been developing the existing pathways in place to support young people moving from children’s to adult services. The team has created strong links with colleagues in all secondary establishment across East Renfrewshire Council, partnerships across Health and Social Care

<sup>1</sup> The Coming Home Implementation Report (2022) Scottish Government and Cosla

Partnership children's and adult services as well as a vast range of third sector partners in East Renfrewshire. The work being undertaken identifies those individuals who require long term transition planning to prevent crisis situations occurring during this pivotal stage in a young person's life.

By engaging with all agencies who work with young people the team are now able to provide data on future need that contributes to work force planning, financial forecasting and future housing needs.

### **Talking Points**

East Renfrewshire's Talking Points partnership continues to recover well from the impact of the pandemic, receiving almost 700 referrals in the previous twelve months. These referrals are subsequently triaged via the weekly screening group that consists of local partners Voluntary Action, ENABLE, The Carers Centre, Money Advice and Rights Team, Recovery Across Mental Health and the Talking Points Coordinator.

A schedule of drop-in sessions are back live across a number of community venues, alongside some positive group development activity. Three new Community Groups for older people across East Renfrewshire (Busby, Newton Mearns and Neilston) have been supported, and have approximately 120 older residents attending weekly.

*"The club is absolutely brilliant. It's great to have company, especially to those on their own. Lovely to meet new people and chatting to others."*

***Resident A***

### **Supporting Unpaid Carers - Carers (Scotland) Act 2016**

We continue to commission East Renfrewshire Carers' Centre and work in partnership to meet the duties of the Carers (Scotland) Act. To assist with identifying carers we introduced a 'tracker' with 1380 carers being identified across a range of Health and Social Care Partnership teams. This has highlighted an improvement opportunity to increase the number of carers being directed to access the support services available through the Carers' Centre, with referrals numbers remaining constant at 500.

Carers have been identified as one of the cohorts disproportionately affected by cost of living crisis and working in partnership with the Carers' Centre, grants totalling in excess of £80,000 have been awarded to 250 carers to mitigate these challenges and provide flexible access to short breaks.

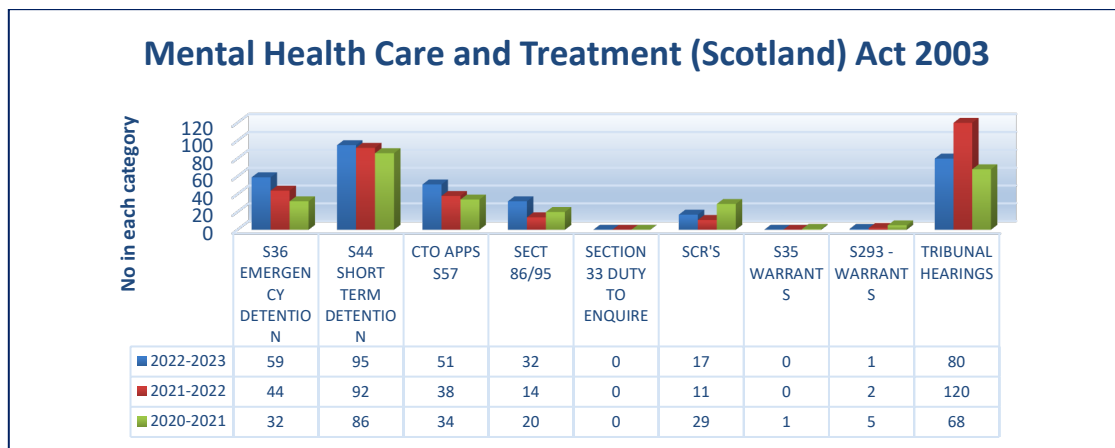
## 2.3 Mental Health

Mental Health Officers (MHOs) are responsible for carrying out specific duties on behalf of the local authority detailed within the Mental Health (Care & Treatment) (Scotland) Act 2003, Mental Health (Scotland) Act 2015, Adults with Incapacity (Scotland) Act 2000 and Criminal Procedures (Scotland) Act 1995.

In previous years, similar to other Health and Social Care Partnership's across Scotland, East Renfrewshire experienced challenges in recruiting Mental Health Officers. In order to address these challenges the team structure was adapted to include social workers who have taken on the majority of the care management responsibilities while we encouraged and invested in staff to undertake the post qualifying mental health officer award. Their main duties however remain in care management for individuals with complex needs associated with their mental health diagnosis.

Our Mental Health Officers and social workers work closely with other agencies and professionals across the partnership to improve the quality of experience of people subject to statutory measures and ensure their rights are protected.

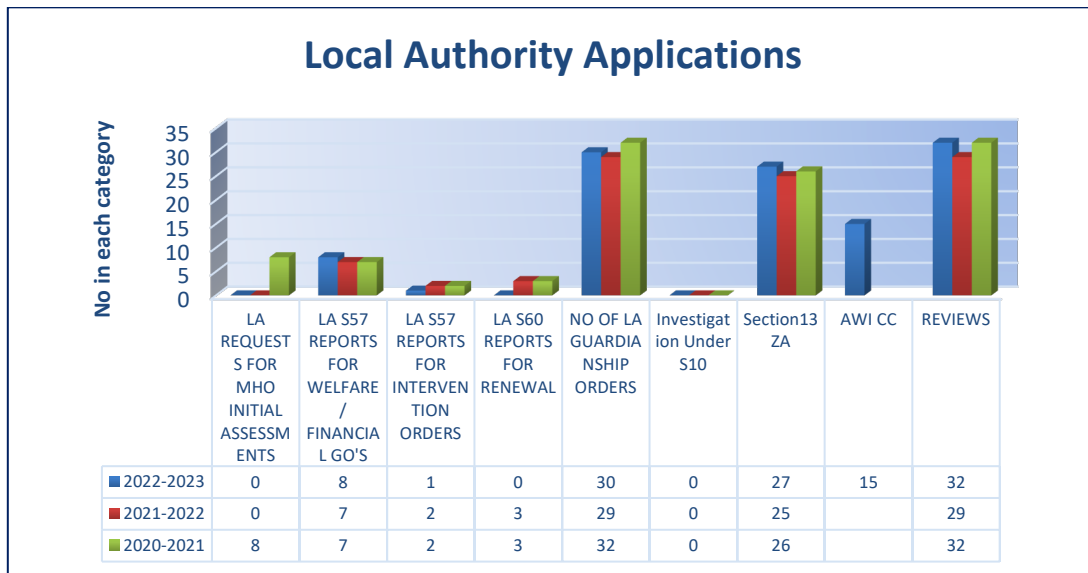
While the Mental Health Officers numbers within the partnership have remained the same, activity generated by the Mental Health (Care & Treatment) (Scotland) Act 2003 has continued to grow. The graph below highlights that statutory work relating to Emergency Detention Certificates, Short Term Detention Certificates and Compulsory Treatment Order applications has risen in comparison to the previous twelve months.



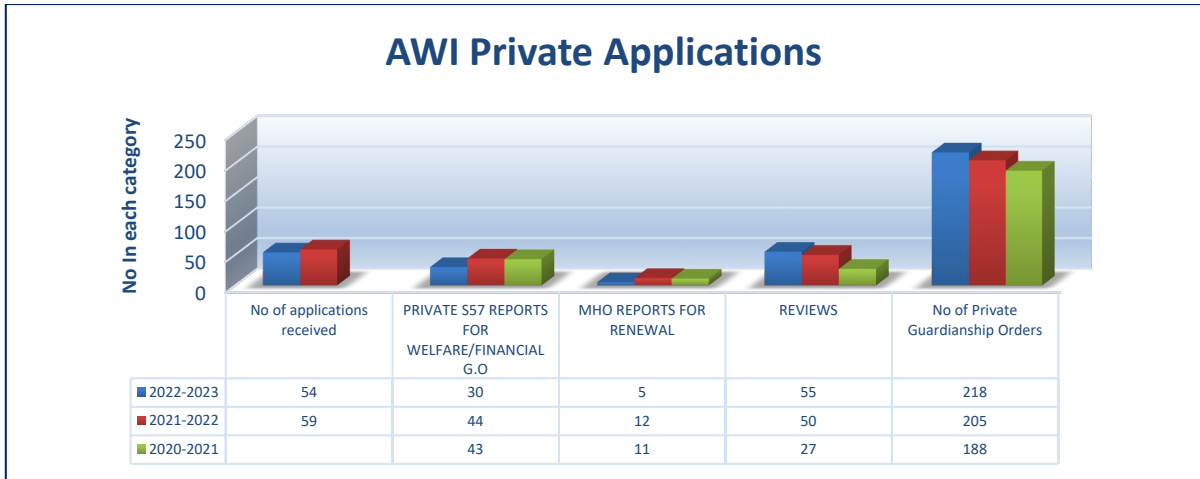
The Adults with Incapacity legislation section 57(2) places a duty on the Local Authority to make an application for Welfare and / or financial powers when specific criteria are met. All decision making has to be underpinned by the principles of the legislation, ensuring that interventions are to the benefit of the adult and the least restrictive option. Given this, consideration is primarily given to the application of 13za, which was an amendment to the Social Work (Scotland) Act 1968. To inform this decision a 13za review (if appropriate) is chaired by a Mental Health Officer. Should the criteria for this not be met an Adults with Incapacity Case Conference is held and chaired by the Service Manager for Mental Health.

The Chief Social Work Officer has overall responsibility for the governance and management of local authority welfare and financial orders which include both guardianship and intervention orders. The introduction of the new Adults with Incapacity procedures in July 2022 transferred the responsibility of delegated welfare guardians to the allocated social worker for those adults who were active cases. For the remaining Chief Social Work Officer Welfare Guardianship orders, this role remains with the Mental Health Officer service. The graph below indicates:

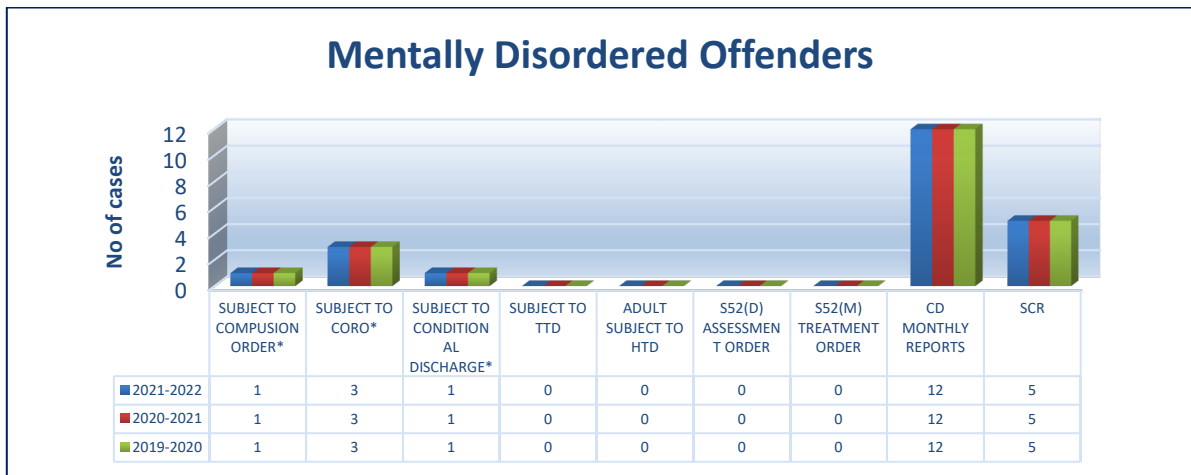
- Individuals currently subject to Local Authority Guardianship have increased slightly although applications to the sheriff court remain relatively stable.
- 13za reviews requiring the attendance of a Mental Health Officers to ensure appropriate application of the criteria and a human rights approach applied remained consistent.
- No renewal applications were required over the last twelve months.



Figures from graph below indicate that the demand for Mental Health Officers reports to accompany private applications for Welfare and Financial Guardianship remain consistent. The supervision of private guardians however, remains a challenge due to the ever increasing amount of guardians to be supervised. Many of these are joint guardians which can bring with it additional complexity.



Referral for mentally disordered offenders remains low with only four individuals subject to mental health court disposals.



The recruitment and retention of Mental Health Officers continues to present challenges across Scotland and East Renfrewshire. Recent national figures highlight a significant shortfall of Mental Health Officers across Scotland which has created a situation where local authorities are competing with one another for a scarce resource.

## 2.4 Criminal Justice

The Coronavirus pandemic has had a significant impact on the Justice System and associated Justice Service delivery during the previous year. With restrictions easing in 2022/23, efforts were undertaken to facilitate recovery.

### **Community Payback Orders (CPO)**

During 2022/23, the Justice Social Work team demonstrated notable recovery from Covid-19 restrictions across a number of key areas. 83% Community Payback Orders completed within Court timescale, this notably increased from 80% the previous year. Similarly, 86% of Community Payback Orders commenced within seven days, increasing from 61% the year prior.

Developments have been made with regards to our Unpaid Work Service. We complemented our workshop premises by securing an additional workshop. This increased our capacity, enabling the Justice Team to facilitate additional daily attendance to reduce the backlog of Unpaid Work hours. We have worked hard to ensure our premises enable service users to develop new skills. With the easing of restrictions, our Unpaid Work teams have further been able to resume community requests for assistance. This continues to strengthen our relationship with the local community and increase the profile of Unpaid Work. Throughout 2022/23, service users increased those hours completed by 9% from the previous year, amounting to some 9,629 hours completed within the community.

As part of our commitment to work in close partnership with the third sector, we commissioned the Wise Group to deliver Community Payback Orders Connect, an online flexible course which provides support in a number of domains including mental health and financial inclusion. This additionally strengthens the digital literacy of those who receive a service from Justice Social Work.

The Justice Service continues to deliver Moving Forward Making Changes programme. This enables us to provide individuals who meet the criteria for this programme, access to specialised interventions.

### **Court Services**

We have continued to work closely with our partners in Renfrewshire to ensure Bail Supervision is fully implemented. Renfrewshire and East Renfrewshire Justice have met regularly throughout 2022/23 to establish and implement the structure necessary to facilitate delivery of Electronic Monitoring and Bail Supervision services and are on course to implement these in the coming months.

### **Service / Staff Development**

The Justice team have sought to continue training and have completed a range of training. Staff continue to access appropriate risk assessment training including Structured Assessment of Protective Factors (SAPROF), Stable and Acute 2007 (SA07) refresher training and The Spousal Abuse Risk Assessment version 3 (SARA V3), alongside new staff undertaking training in Safe and Together. The Justice team have further participated in training to administer Naloxone, used to treat opioid

overdose, and completed accredited training in Scottish Mental Health First Aid for Young People.

East Renfrewshire Council hosted a Community Justice Partnership Development Session in January 2023, during which time the Justice team presented to partners with a view to strengthening local links.

The Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the Service.

Following a second phase of training, all staff have now been trained in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work.



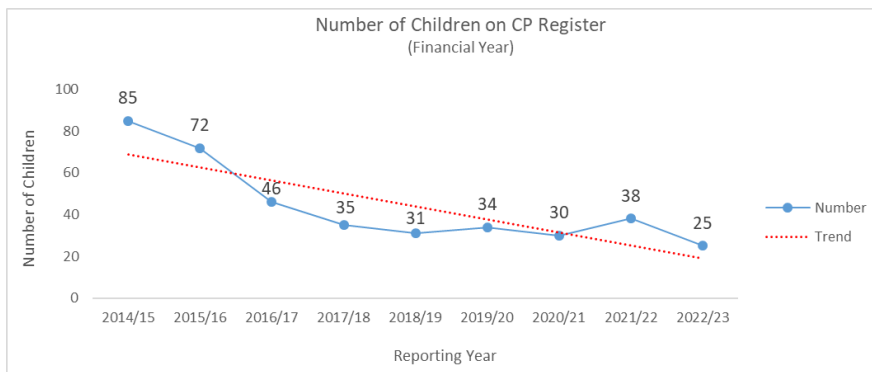
## 2.5 Public Protection

### Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire’s Child Protection Register was 25 in 2022/23. This is a decrease of 34% on the previous year. This is contrary to the national data where there has been a decrease of 20% in the year 2022/23. There is a gap of one year in reporting periods so there may be an increase nationally for the year 2021/2022, before we can make any significant conclusions about this difference. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

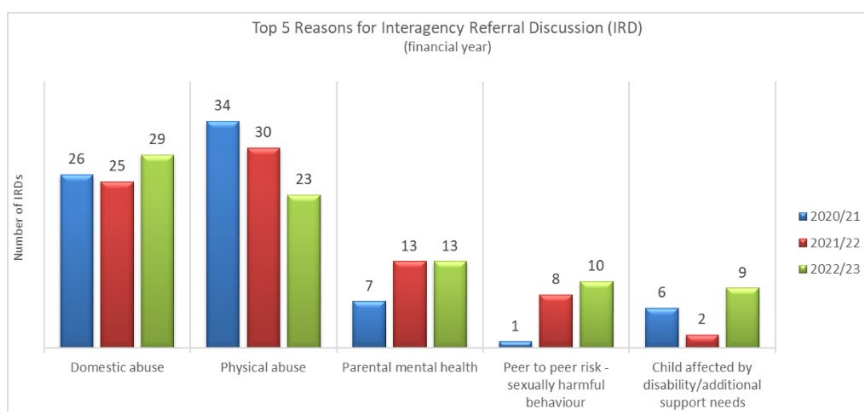
### Child Protection Registrations

The graph below highlights the number of children subject to child protection registrations from 2014/15 until 2022/23.



### Interagency Referral Discussions

During the period April 2022 – March 2023, we have undertaken 116 Interagency Referral Discussions (between social work, police, health and where appropriate Education services) in respect of 170 children (some children may have had more than one interagency referral discussions in the reporting period). This is a decrease on the previous year.



The most common reasons for initiating an Interagency Referral Discussion during 2022/23 are shown in the chart above. The highest reason for an Interagency Referral

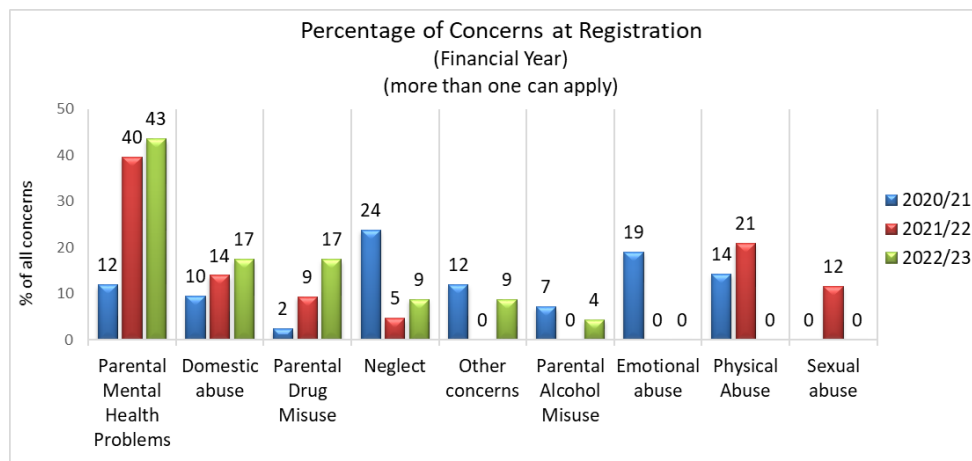
Discussion in the reporting period was domestic abuse. There has been a decrease in Interagency Referral Discussions for domestic abuse, physical abuse and parental alcohol misuses. There has been a significant increase in peer-to-peer sexually harmful behaviour, neglect and parental mental health.

Of the 167 children and young people subject to Interagency Referral Discussions, 37% were subject to a child protection investigation. Of these children and young people 35% went on to have an initial or pre-birth child protection planning meeting, with 45% having their names placed on the child protection register. This is a decrease on the previous year figure of 70%.

This equates to approximately 6% of all the children and young people who were subject to an Initial Referral Discussion, which is close to the 13% from the previous year.

### **Concerns Identified at Registration**

A child can be placed on the child protection register with more than one concern noted. Parental Mental Health is currently the highest concern at the point of registration followed by domestic abuse and parental drug misuse.



### **Interagency Referral Discussion Audits**

A quarterly programme of Interagency Referral Discussion audit continues to be an ongoing exercise of our continuous improvement programme for child protection, allowing us to maintain an overview of the initial decision making in child protection processes. We have moved to biannual audits across the academic year.

### **Joint Inspection of Services for Children at Risk of Harm**

This inspection was concluded in July 2022 with the report being published by the Care Inspectorate on 16 August 2022. The report was very positive and East Renfrewshire have received a grading of 'Excellent' for the quality indicator 2.1 Impact on Children and Young People. This is the first time a Health and Social Care Partnership / Local Authority have ever received this grading.

There were no recommendations for improvement in the report and several areas of sector leading good practice were highlighted. This again is a first for any Health and Social Care Partnership / Local Authority.

Below is an example of feedback from children, young people and their families gained during the inspection:

*People just need to not be scared to access it and I think it's the whole thought of, they're going to take your kids that needs to be gone and then I think you'll find that more people would reach out and ask for help.*

**Parent feedback to the joint inspection team**

*"I'm more confident because I know that she's [my support worker] always there, she's like a safety net.*

**Parent Feedback to the joint inspection team**

*"Instead of relying on social work to make the referral to services... can services reach out directly to care experienced young people?"*

**Pathway Planning Informal Consultation**

*"I'm involved with Children 1st and they give me a chance to speak and they'll help me. Children 1st would take me out and try and get to know me, what I like and what I don't like. Now I feel like I'm a lot smarter and I've got better life choices now."*

**Young person feedback to the joint inspection team**

*95% of all multi-agency staff respondents agree or strongly agree that they are proud of the contribution they are making to improve the well-being of children and young people at risk of harm and their families.*

**Joint Inspection Staff Survey 2022**

### **The North Strathclyde Child Interview Team**

East Renfrewshire are part of a partnership with East Dunbartonshire, Inverclyde, Renfrewshire, Police Scotland and Children 1st, which went live with joint investigating interviews (JII) on the 10 August 2020. Children and young people in East Renfrewshire are now interviewed and supported by Police and Social Work who are highly skilled, utilising proven techniques to achieve best evidence. In addition, the child / young person and their non-abusing care giver will have access to trauma informed support and advice throughout the joint investigating interviews process from the Children 1st recovery and participation workers who provide the child / young person and their families an opportunity to express their views, needs and concerns.

A critical aim is to ensure that all interviews take place in a safe, child friendly, age appropriate way with consideration given to any developmental or additional needs. All children and their families will receive the practical and emotional support to assist their recovery.

In the reporting period, the team have received 333 referrals and completed 256 interviews. Our overall disclosure rate has been 87% throughout this reporting period (a maintained rate above 85% since the interview team went live). This provides

evidence that children / young person feels safe to speak, where the time taken by interviewers to develop the child's needs, planned in advance ensures a trauma informed approach throughout interview. The main primary concern recorded against referrals to the team in this reporting period was offences under the Sexual Offences (Scotland) Act 2009 (47%) with Physical Assault recorded as our second highest primary concern (34%) and Domestic Abuse as our third (11%).

Over this reporting period, East Renfrewshire made 40 referrals to the child interview team, where 75% progressed to a joint investigative interview. An overall disclosure rate of 80% was recorded against these interviews, which is equivalent to that of last year. An offence under the Sexual Offences (Scotland) Act 2009 was the primary reason for referral for children and young people who reside in East Renfrewshire (45%).

The partnership were successful in winning the award for Excellence in Children's Services at the Scottish Social Services Awards Ceremony in November 2022 and received their award from Clare Haughey, Minister for Children and Young People.

The 'Wee Bairns Hoose' which is set to open in late summer 2023. This will be seen as beneficial for children and young people who previously would have been required to attend court as there will be a virtual link to the court.

Capelrig House has been given significant commitment both by East Renfrewshire Council and Children 1st. This development will see a Centre of Excellence open in East Renfrewshire with interest arising from all over the UK, Scottish Government and from colleagues in Iceland who have been instrumental in our journey so far.

### **Our Response to Domestic Abuse**

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. In the reporting period 2022/23 East Renfrewshire Health and Social Care Partnership Request for Assistance Team received 425 referrals of which 34% recorded domestic abuse as a concern (compared to 29% in 2021/22). Similar to last year domestic abuse remains the main cause of referral to the Request for Assistance Team.

Women's Aid continue to provide emotional and practical support to women, children and young people. In total 1086 women and children were supported across the three core services, helpline and drop in enquiries. Levels of direct support provided to women in outreach have continued to increase by 13% and the levels of support provided across the core service remain similar the previous year with 336 women, children and young people supported.

Domestic abuse is a significant factor in child protection interagency discussions. In 2022/23 there were 116 child protection Interagency Referral Discussions held for 170 children (11% decrease on previous year). 29 Interagency Referral Discussion's reported domestic abuse was a significant factor (compared to 25 in 2021/22), this is 25% of the total Interagency Referral Discussion's and a 27% increase in the number of children where domestic abuse was noted (45 children last year compared to 57 this year).

We continue to strengthen the capacity of our services and action across the whole system to mitigate the long-term effects of trauma and abuse experienced by women, children and young people and to ensure their recovery needs are recognised and addressed. We have targeted resources and funds to implement a new programme aligned to the principles of Children Experiencing Domestic Abuse Recovery (CEDER) for women and children affected by domestic abuse.

### **Multi-agency Risk Assessment Conference (MARAC)**

The Multi-Agency Risk Assessment Conferences (MARAC) is recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. The Multi-Agency Risk Assessment Conferences continues to demonstrate a high level of commitment and participation with 100% attendance from all agencies.

In the reporting period 2022/23 the Multi-Agency Risk Assessment Conferences reported an increase in referrals for high risk victims and children with 134 victims and 195 children discussed. This is an increase of 7% and a decrease of 5% respectively in cases discussed compared to the previous year. Police remain the main referrer to Multi-Agency Risk Assessment Conferences however East Renfrewshire demonstrates a significantly higher proportion of referrals from children and families and wider statutory services at 38% compared to 10% nationally and therefore we are able to capture families that might not be known and visible to other services.

A total of 461 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period (compared to 428 the same period the previous year). It is important to note that in this reporting period, 32% of survivors did not have school aged children compared to 26% the previous year, an increase of 6%. Survivors without school aged children were not previously visible in the domestic abuse pathway prior to Multi-Agency Risk Assessment Conferences. The increase demonstrates increased awareness and identification of survivors across services and an improved pathway response from all agencies.

### **Workforce Development Capacity and Training**

Domestic Abuse, Risk Assessment, Multi-Agency Risk Assessment Conferences and Safe and Together training continues to be delivered in addition to the provision of bespoke sessions for key partners. Over the course of the last year 227 staff were trained across Adult Services, Children & Families, Mental Health, Addictions, Autism Specialisms, Housing, Education, Care at Home, Community Learning and Development, Health Visiting, Children's Panel and Libraries. An additional 31 participants took up the offer to observe Multi-Agency Risk Assessment Conferences or attend the monthly domestic abuse monthly drop in. The evaluations and feedback have been positive with the range of support increasing the awareness of domestic abuse and understanding of the Multi-Agency Risk Assessment Conferences pathway.

### **Adult Support and Protection**

East Renfrewshire Council operates a single point of contact for all Adult Support and Protection and adult welfare concern referrals. This dedicated team has greatly

strengthened our response to Adult Support and Protection activity locally and led improvements across the Health and Social Care Partnership.

East Renfrewshire has streamlined our approach to screening and triaging adult protection referrals and application of the three-point test. The team have provided coaching and mentoring support to council officers across the Health and Social Care Partnership and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The Adult Support and Protection Team is supported on a rota basis by council officers and managers across the Health and Social Care Partnership.

In the reporting period there has been a total of 1010 inquiries undertaken by Council Officers (Adult Service Social Workers) of which 173 progressed to investigation. The 173 Adult Support and Protection investigations, representing a 5% decrease from the previous reporting period. We work closely with partners across East Renfrewshire that allow early intervention and support. This has allowed us to work in a more person centred and creative manner to address risks, reducing the requirement for further Adult Support and Protection activity.

Adults who experience dementia were the highest common client group to be subject to Adult Support and Protection investigation, accounting for 34% of all investigations. Physical Harm remains the most common harm experienced by adults, accounting for 23% of the recorded harms however this is slightly decreased since the previous reporting periods.

Financial harm has increased during this reporting period to 14%. There is ongoing work in the Health and Social Care Partnership with partners to continue to raise awareness in this area within the community. It's also important to note that our trading standards colleagues continue to update Health and Social Care Partnership staff of the increasing sophistication of these criminal activities.

In East Renfrewshire, we have continued to strengthen the accuracy and qualitative analysis of our data reporting. This has included clearer reporting to track areas of performance and understand challenges particularly in delays at point of inquiry or investigation or access to advocacy.

Agreement was taken to build upon the success of the Adult Support and Protection Quality Framework process which brought managers together to sample cases and recognised that this could be enhanced to include peer file readers. The audit was envisaged as single-agency, however in our planning we received offers of support from Police Scotland and a request from the Chair of the Adult Protection Committee Continuous Improvement Sub Committee to include Nursing and Advanced Health Practitioners from the Health and Social Care Partnership to give access to the range of information which may be available on the EMIS system. The results of this audit were very positive and areas of improvement were identified and an action plan put in place to progress development in these areas.

At all levels we have created and strengthened channels of communication between partners, providers, care homes and the third sector. These robust channels are meaningful and support information sharing and partnership working. Contacting our Adult Support and Protection team is viewed as a positive step, with the Adult Support

and Protection Team providing advice and support to help identify risk at the earliest opportunity.

We have placed collaboration at the heart of our Adult Support and Protection activity. Our procedures are rooted in collaboration and multidisciplinary working, led by the council officer but engaging everyone to get the best outcomes for the adult.

We have developed recording and reporting tools that support our practice and give assurance that we are supporting adults at risk of harm in our community. We have strengthened our recording and reporting of domestic abuse, giving direction and focus to support council officers to identify and support survivors of domestic abuse. We work closely with the Violence Against Women partnership to improve our practice and contribute to the wider objectives of reducing violence to women and girls.

We have delivered Adult Support and Protection awareness sessions for partner agencies including specific, bespoke sessions for care homes and partner providers. We have developed a shared awareness of the complexity and multi-faceted nature of risk, particularly in relation to violence against women and girls, which has improved our joint working and understanding of the roles of other services and partners.

### **Joint Adult Support and Protection Inspection**

The Adult Protection Committee received notification of a joint Adult Support and Protection inspection on 30 January 2023. Examples of good practice and good outcomes for service users and families will be included to illustrate the practice of the Health and Social Care Partnership and partners.

The inspection process will include a staff survey. This has been shared across the Health and Social Care Partnership and partners. The inspection will also include an onsite multi agency file reading and focus groups.

We look forward to the Joint Inspection of Adult Support and Protection and the opportunity to evidence the great work undertaken across East Renfrewshire Health and Social Care Partnership.

### **Adult Support and Protection Improvements**

East Renfrewshire Health and Social Care Partnership, has undertaken an ambitious improvement journey to ensure adults at risk of harm are supported to live safely. We are proud of the creative partnership approach we have fostered across East Renfrewshire. This has given us greater confidence in our practice and supported council officers and colleagues to do what is right for the adult in their circumstances.

Much of the improvement journey of the last few years has been focused on Social work practice and procedure. We have worked with partners across East Renfrewshire and welcomed their support in this journey. As we moved forward we will continue to strengthen our joint working practices and the sharing of responsibility across partners and providers, in order to provide consistency and continuity to adults at risk of harm.

### Section 3. Resources

We ended financial year 2022/23 with a £0.590 million operational underspend (0.40% of our £145.9 million budget, excluding set aside), although this position was after significant use of reserves during the year.

The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.726 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

In addition we spent £4.564 million on Covid-19 activity and this was fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23.

#### **Future Challenges 2023/24 and beyond**

The Integration Joint Board continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The most significant challenges for 2023/24 and beyond include:

- Delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention.



- Managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital.
- Understanding the longer term impacts of Covid-19 on mental and physical health in the longer term.
- Recruitment and retention of our workforce, particularly in the current cost of living crisis.
- Managing prescribing demand and costs in partnership with our GPs.
- Supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges.
- Meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area.
- We may also need to prepare for the challenges and opportunities that may arise from a national care service.

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full. We recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller Health and Social Care Partnerships this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on a the position of 29 of the 31 Integration Joint Board's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual Integration Joint Boards this gap ranges from 1% to 9%. For East Renfrewshire Health and Social Care Partnership the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the Health and Social Care Partnership to deliver a number of initiatives related to Covid-19 recovery.

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £3.4 million to £9 million depending on the combination of factors, recognising the next two years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £2.3 million to £5.9 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

The wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. The UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Prescribing will not only rise in line with population increases but is also subject to many other factors.

Maintaining discharge without delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

The longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that Integration Joint Boards have to meet any additional increases.

We plan to deal with these challenges in the following ways:

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many work streams. Progress will be reported to every meeting of the Integration Joint Board.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity,

funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2024/25 budget.

- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre-pandemic has been refreshed during 2022/23 and an NHS Greater Glasgow & Clyde wide review is in place.
- We routinely report our performance to the Integration Joint Board with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the Integration Joint Board and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The Integration Joint Board continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each Integration Joint Board agenda.

The future challenges detailed above and our associated response include the main areas of risk that the Integration Joint Board is facing. The uncertainty of the longer term impact of Covid-19 on our population and the capacity for the Health and Social Care Partnership and its partners to deliver services and implement our savings, Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## **Section 4. Workforce and Looking Forward**

### **Workforce Development**

Learning and Development has continued to play an essential role in developing the workforce within East Renfrewshire, with a return to more face to face delivery and activity resembling pre-pandemic levels.

Priorities for this year continued to be the delivery of a rolling induction programme for Care at Home staff to meet the staffing demands arising in the aftermath of Covid-19 pandemic.

There has also been a rolling training programme for adult support and protection that has moved to in person training and has included investigative interviewing. This has been consistently positively evaluated. There has also been a continued commitment to enabling staff to undertake post qualifying awards in the form of the Mental Health Officer Award, Masters in Applied Professional Studies and the post qualifying certificate in Child Welfare and Protection.

Work has continued to strengthen the multiagency workforce through the delivery of the Public Protection Programme and multiagency events such as “The Promise” which has been delivered in partnership with Who Cares Scotland. These events have helped facilitate essential multiagency discussions that have formed the basis for subsequent planning.

The implementation of the Scottish Government trauma strategy has continued to gather pace through the work of the local Multiagency Steering Group.

Following the publication of the outcome of joint inspection of children at risk of harm in East Renfrewshire a bespoke development session was delivered. This included all staff across the whole of the children’s community planning partnership to reflect on the inspection result and focus on next steps and areas of development. This will continue to prioritise relational and trauma informed practice, support to staff and delivery of the Promise.

### **Signs of Safety - Our Approach**

Over 2022/23 we have worked to consolidate the progress made with the implementation of the Signs of Safety approach and begin to plan how the implementation can progress by focussing on what staff and partners need. There has been a further review of the assessment and planning paperwork to ensure consistency across our service delivery and support to children and their families.

We continue to be one of the first local authorities recognised in Scotland as accredited Safe and Together champions, delivering gold standard child protection domestic abuse training to staff. Safe and Together and Multi-Agency Risk Assessment Conferences are recognised as best practice both nationally and locally and this was reflected in the recent Care Inspectorate Inspection of services for children and young people at harm in East Renfrewshire.

### **Adult Support and Protection**

We have continued to deliver a rolling programme of Adult Support and Protection training as part of the Public Protection Development Programme. This programme set out a multi-levelled structure of training, developed to support staff at all levels of knowledge and involvement to identify the right training for their role.

The suite of training materials drew on learning from our previous Large Scale Investigations and supporting organisations to improve their practice. This has provided a range of introductory and more detailed training events that focused on supporting improved practice. We have promoted the identification and communication of harm, effective risk assessment and risk management strategies, effective protection planning and preparation for case conference. The training sought to embed collaboration as a foundation of our practice and put the adult at the heart of our involvement and planning.

We have provided flexible and adaptable training opportunities to support staff, partners and providers, developing a strong partnership approach. We have delivered tailored learning experiences for Care Home staff. This training was developed to address the needs of a multi-agency audience with the assistance of Care Home Collaborative staff in NHS Greater Glasgow & Clyde, Health and Social Care Partnership Commissioning staff and Adult Support and Protection Team.

### **Workforce**

Similar to other areas East Renfrewshire faces challenges in the recruitment and retention of staff in care at home services and Mental Health Officers. We have designated Health & Wellbeing Officer who has proactively linked with the workforce offering wellbeing support at an individual and team level.

East Renfrewshire is fortunate in regard to professional social work staffing levels, although some vacant posts are experienced as in any organisation at any given time, this is not a systemic or pressing issue facing our local area or workforce.

## Conclusion

This report highlights and summarises the statutory duties and activities across the social work workforce in East Renfrewshire. It has profiled areas of service delivery that are excellent and that we should be justifiably proud of. It has also attempted to stress areas of challenge that we face moving forward. All of this is in the context of increased demand for social work services both in terms of the numbers of children, adults and families requiring support but also in relation to increased complexity of need.

We are unable to meet the challenges presented to us without the continued commitment and dedication of our social work and social care staff. I've had the privilege of accompanying staff as they undertake work from witnessing care at home staff supporting vulnerable residents in mid-winter; staff supporting care experienced young people to try new experiences offering resilience and hope; seeing day to day how our social workers and managers deal with complexity, trauma and harm. These are not easy tasks to undertake.

I would like to personally thank all of our workforce for the incredible job they do on a day to day basis. Their passion, values and aspiration to provide the best of services to our residents is an inspiration and makes me proud to represent them as East Renfrewshire's Chief Social Work Officer.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	Item 11
<b>Title</b>	Clinical and Care Governance Annual Report 2022-2023
<p><b>Summary</b></p> <p>The Clinical and Care Governance Annual Report 2022–2023 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to provide assurance for the HSCP. There is an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.</p>	
<b>Presented by</b>	Dr Claire Fisher, Clinical Director
<p><b>Action Required</b></p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> <li>- note the Clinical and Care Governance Annual Report 2022-2023</li> <li>- note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward</li> </ul>	
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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## East Renfrewshire Health and Social Partnership

### Clinical and Care Governance

### Annual Report 2022 - 2023

Principal Author:	Dr Claire Fisher
Approved by:	
Date approved:	

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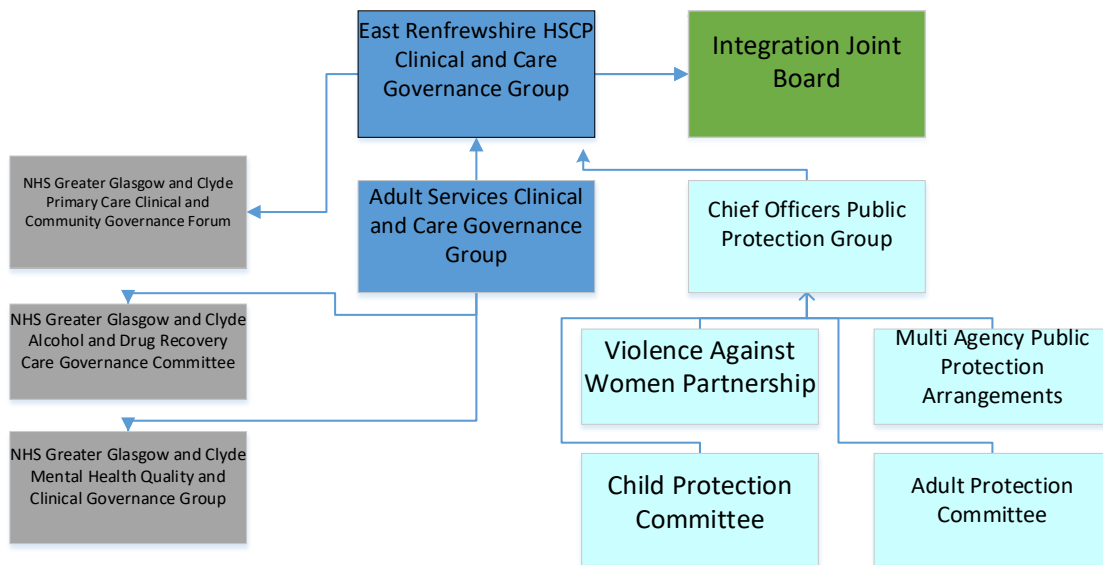
## 1. Introduction

1. East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.
2. Through an integrated team East Renfrewshire Health and Care Partnership directly manages over 900 health and care staff. There is also a significant workforce in the independent NHS contractor service for example, GPs, Dentists, Optometrists, and Community Pharmacists and within the third sector and independent social care providers.
3. In addition, the East Renfrewshire Health and Care Partnership hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHS Greater Glasgow and Clyde. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.
4. The Clinical and Care Governance Annual Report for 2022 - 2023 reflects the work of East Renfrewshire Health and Care Partnership for assurance regarding standards and quality of care. The report will focus on Safe, Effective and Person Centred Care quality ambitions. The report will focus on improvement activity as much as possible and not be an operational overview of the work of the Health and Care Partnership. This is more comprehensively reflected in other governance reports and updates to NHS Greater Glasgow and Clyde, East Renfrewshire Council and the Integration Joint Board.
5. The processes for clinical and care governance are well established in East Renfrewshire Health and Care Partnership.
6. The Independent Review of Adult Social Care will have clinical and care governance implications for East Renfrewshire Health and Care Partnership. We continue to maintain a watchful brief on this developing agenda and informed discussion at local and national level.

2. **Clinical and Care Governance Arrangements 2022 - 2023**

7. East Renfrewshire Health and Care Partnership Clinical and Care Governance Group met on the 8<sup>th</sup> June 2022, 7<sup>th</sup> September 2022, 16<sup>th</sup> November 2022 and 16<sup>th</sup> March 2023. The Clinical and Care Governance Group is currently chaired by the Clinical Director, Dr Claire Fisher. An exception report is prepared for the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum which meets six times a year.
8. The Adult Services Clinical and Care Governance Group met on 17<sup>th</sup> May 2022, 24<sup>th</sup> August 2022, 11<sup>th</sup> November 2022 and 7<sup>th</sup> February 2023. The group reports by exception to the Health and Care Partnership Clinical and Care Governance Group. The group is chaired by the Head of Adult Services Learning Disability and Recovery.
9. Figure 1 shows the current clinical and care governance arrangements for East Renfrewshire Health and Care Partnership.

**Figure 1 – East Renfrewshire Health and Care Partnership Clinical and Care Governance Structure**



### 3. Safe

#### **Registered Services Assurance**

10. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. Alongside the Public Bodies (Joint Working) (Scotland) Act 2014, the Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to co-operate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland.
11. A number of scrutiny bodies have an interest in how the health and social care agenda is developing including the Care Inspectorate, Accounts Commission, Health Improvement Scotland and the Auditor General for Scotland. Each have distinct statutory responsibilities for the audit, scrutiny and improvement of organisations providing health and care services in Scotland. This external scrutiny provides assurance and supports our internal contract monitoring arrangements with our external partner providers.
12. The Health and Care Partnership work jointly with external scrutiny bodies and our external partner providers to participate in any regulation or scrutiny activity. Care services in Scotland must be registered with the Care Inspectorate and a broad range of the individuals who work in those services must be registered with the Scottish Social Services Council (SSSC).
13. Our contract monitoring team work closely with senior managers to maintain close working relationships with care home providers through regular welfare calls, meetings and scrutiny of any complaints or concerns raised.
14. A Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse and colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis. All care homes are RAG rated each week supported by the "Guidance for GGC Partnerships Oversight Groups – RAG Classifications" document.

#### **3.1 Care Home Improvement Notice**

15. Significant and growing concerns regarding staffing levels within Establishment D were highlighted to the Care Home Assurance Group on 5<sup>th</sup> April 2023 due, by and large, to staff movement to new employment in a neighbouring care home. The home agreed to put in place a Voluntary Moratorium. The Care Inspectorate / Health and Care Partnership requested details on their staffing position, to give assurance that they can provide continuity of care and have appropriate knowledge of residents' individual needs. This was received on 14<sup>th</sup> March 2023. Care Inspectorate made an unannounced visit and reduced their care quality ratings on support to people's wellbeing and leadership (4 to 3 to 3 to 2). A number of Adult Support and Protection concerns have also been reported. A

resident sadly died following admission to hospital from the home, which highlighted concerns regarding care quality. A Large Scale Investigation has been commissioned and will report findings to the Health and Care Partnership Clinical and Care Governance Group in 2023.

### **3.2 Care Home Assurance Tool (CHAT)**

16. In May 2020 Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in response to the impact of COVID-19. An electronic version of the tool is now available and is updated as / when required in line with national guidance and learning from established NHS Greater Glasgow and Clyde quarterly reports.
17. Plans will be put in place to commence CHAT visits in September 2023 to all care homes. The model for these visits will continue with the Health and Care Partnership team approach involving the interim chief nurse, senior nurse, commissioning, and senior social work managers. The visits are intended to be supportive and completed collaboratively with care home managers.
18. All our care homes have received daily visits from care home liaison nurses (CHLNs) with a focus on supporting care homes to deliver person centred, effective and safe care.

### **3.3 Care at Home**

19. The Integration Joint Board received an update on the pressures on the service that were experienced from a crisis point in early December 2022 to February 2023 in February 2023. The Increasing complexity of people being supported against a backdrop of recruitment challenges led to these pressures. Locally there had been a 49% reduction in the amount of service that commissioned providers have been able to deliver since 2020. The service had been experiencing significant absence rates.
20. East Renfrewshire Health and Care Partnership drew on the winter response plan to respond to the pressures. The Care at Home Service had a Crisis Management Plan that focused on nine key areas.
  - Recruitment, Redeployment and Retention.
  - Absence Management.
  - Scheduling – Skills and Resources.
  - Communication and Complaints.
  - RAG – Prioritisation of Resources.
  - Discharge without Delay/Interim Care.
  - Staff Wellbeing Support.
  - Adult Support & Protection.
  - Care Inspectorate & National Care Standards.

21. The service received 96 complaints and the main themes were:
  - Missed / late visits- this can impact four hourly medication times.
  - Lack of continuity with the carers supporting visits
  - Service users experiencing difficulty contacting the office directly with phones regularly engaged/ringing out.
22. The pressures in care at home are reflected in the performance in discharge without delay measures.
23. The Health and Care Partnership Wellbeing Lead has been working with staff throughout 2022 and 2023 to seek views from staff through questionnaires and wellbeing focussed meetings. The service has re-introduced patch meetings (paused during Covid-19) with local organisations such as Voluntary Action East Renfrewshire Barrhead, Jewish Care Giffnock and Neilston Development Trust. All home care staff are also able to access massage therapy, reflexology, and reiki and hair appointments on a weekly basis. Nineteen staff also received personal thank you cards / gift from Health and Care Partnership for their additional efforts in supporting the service over what has been a challenging period.
24. The Care inspectorate were notified of all notifiable incidents. The Care Inspectorate have noted that other Health and Care Partnership were experiencing the same system pressures. They were content with the Health and Care Partnership's communication with them and the crisis management plan.

### **3.4 Joint Inspection of Adult Support and Protection in East Renfrewshire**

25. East Renfrewshire Health and Care Partnership and East Renfrewshire Council were formally notified of a joint Adult Support and Protection inspection on 30<sup>th</sup> January 2023. The focus is Adult Support and Protection activity in the period January 2021 until January 2023.
26. The inspection will have two quality indicators:
  - Key adult support and protection processes.
  - Leadership for adult support and protection.
27. The work of this inspection has been a significant focus for the Health and Care Partnership and the inspection findings were published June 2023. Any actions that have resulted from the inspection will be progressed throughout 2023 – 2024 and the Adult Services Clinical and Care Governance Group will be updated on progress.

### **3.5 Health Visiting**

28. Health Visitors have double the number of children on their caseload compared to other NHS Greater Glasgow and Clyde's Health and Care Partnership's. This is inclusive of additional local investment provided over the past three years.

29. Despite the high caseload, the service has strived to continue to deliver the full Universal Health Visiting Pathway (UHVP). However, due to staff absence at times, mitigated of risk within the Eastwood team has been managed by merging 3- and 4-month visits and completion of 4 – 5 child assessment for children allocated as Core in a clinic setting instead of the child's home.
30. Emerging evidence from the national evaluation of the Universal Health Visiting Pathway has identified increased visits arising from contacts on the pathway regardless of the Health Plan Indicator which is further challenging areas with high caseload numbers to deliver the pathway in full.

### 3.6 Community Nursing

#### Combined Care Assurance Audit

31. Care Assurance will take place to provide independent, objective assurance of the quality of care provided within Community Nursing using the Combined Care.
32. Assurance and Audit Tool (CCAAT). The results from the audit for District Nursing were shared at the Adult Services Clinical and Care Governance Group and the results were in the Gold Scoring Range of >91%. The service has an action plan for areas of improvement and future audit results will be reported to the group for Health and Care Partnership assurance.
33. Table 1 and Table 2 provide the data of the audit.

**Table 1 shows the results of the CCAAT audit for District Nursing.**

Combined Care Assurance Audit Tool Results	
OVERALL CCAAT COMPLIANCE	97%
RECORD KEEPING AUDIT SCORE	99%
MEDICATION AUDIT SCORE	100%
Scoring key for Combined Care Assurance and Audit Tool	
RED	<66%
AMBER	66% - 79%
GREEN	80% -90%
GOLD	>91%



**Table 2 shows the overall scores for each of the seven standards for the audit.**

Individual Standards Scoring for Combined Care Assurance Audit Tool	
Tissue Viability	100%
Medicines Management	100%
Infection Prevention and Control	100%
Food, Fluid and Nutrition	92%
Person Centred Health and Care	98%
End of Life Care	90%
Effective Management of Resources and Staff Governance	100%
Scoring key for Combined Care Assurance and Audit Tool	
RED	<66%
AMBER	66% - 79%
GREEN	80% -90%
GOLD	>91%

## 4. Effective Care

### Primary Care Implementation Programme

#### Progress of Memorandum of Understanding Priority Areas 2022 -2023

##### 4.1 Vaccination Transformation Programme (VTP)

34. All vaccinations within the Vaccination Transformation Programme have been in place since April 2022 having moved from a GP based delivery model to an NHS Greater Glasgow and Clyde board delivery model, through various vaccination teams reducing GP practice workload.
35. The midwifery model for pertussis delivery across NHS Greater Glasgow and Clyde has also been developed for pregnant women.
36. The Adult influenza immunisation programme for 2023 onwards will demonstrate the learning from the current delivery which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme and team within NHS Greater Glasgow and Clyde which meets the needs of patients and the terms of the GMS 2018 contract. This will continue to be closely monitored and reported to the board and the Integration Joint Board

##### 4.2 Pharmacotherapy Services

37. NHS Greater Glasgow and Clyde Pharmacotherapy summary analysis of activity data for East Renfrewshire Health and Care Partnership over the eleven month period from April 2021 to February 2022 shows:
  - Total patient count activity of 32,339 (averaging 2,940 patients per month).
  - Resulting in 109,542 actions required (averaging 9,958 per month), of these:
    - Acute prescribing requests – 7,774 (averaging 707 per month);
    - Repeat prescribing requests – 8,452 (averaging 768 per month);
    - Immediate Discharge Letters – 6,485 (averaging 590 per month);
    - Hospital outpatient Letters – 6,446 (averaging 586 per month).
38. The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

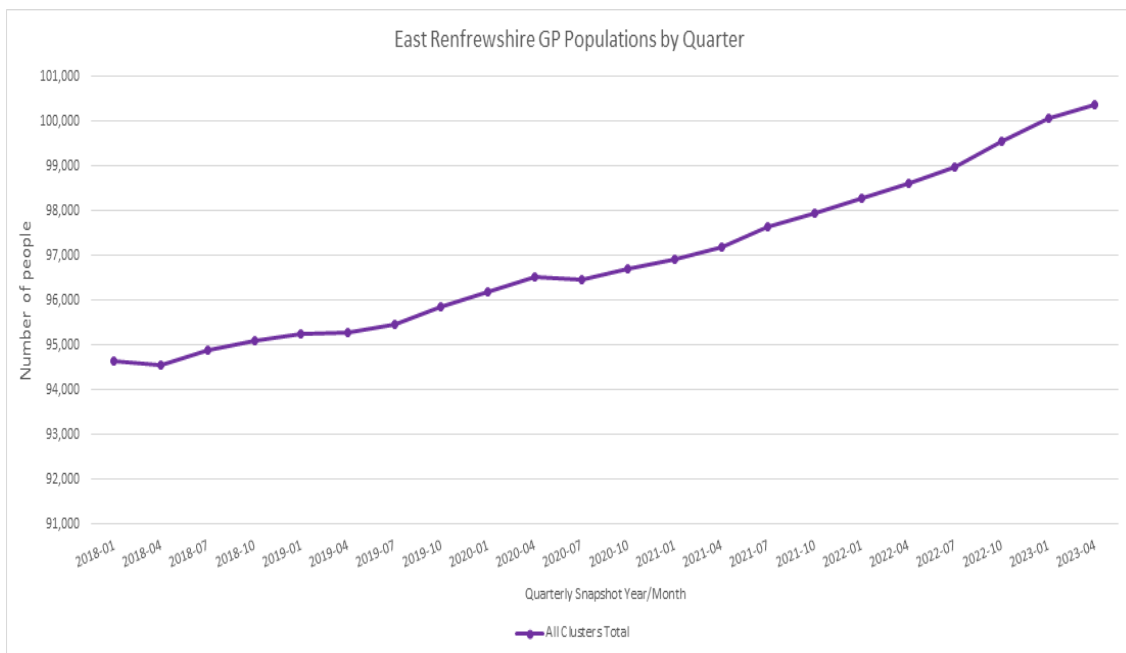
### **4.3 Community Treatment and Care Services (CTAC)**

39. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture / staple removal.

- We have eleven whole time equivalent of staff employed to deliver the Community Treatment and Care Service.
- Recruitment has been a challenge at some points during 2022-2023.
- The Community Health Care Assistant (CHCA) appointment time within GP practices is 10 minutes per task (15 minutes during the pandemic due to social distancing and infection control measures) allowing for 48 appointments per day (32 during the pandemic).
- CHCA whole time equivalent provision varies across practices from one session to five sessions per week based practice list size.
- We have three Treatment Rooms in total across both localities. Eastwood Health and Care Centre has two rooms and Barrhead Health and Care Centre has one room, offering 10 days and 3 days provision respectively each week.
- The Treatment Room appointment times vary from 10 to 45 minutes (15 and 60 minutes during the pandemic) averaging nine appointments per day for mainly leg ulcers and wound management.
- All GP practices in East Renfrewshire now have access to CTAC services.

### **4.4 Primary Care – General Practice Sustainability**

40. Population of East Renfrewshire registered patients continues to grow significantly, and coupled with increased demand following the Covid Pandemic has resulted in workload pressures across all our GP Practices.



- The Health and Social Care Partnership has worked closely with NHS GGC Primary Care Services to develop and implement a new escalation framework to help Practices with sustainability challenges.
- All fifteen local Practices have remained on Escalation level 1 during 2022-23. (Level 1 equates to Pandemic new – normal working arrangements).
- Six Practices have moved to new Escalation level 1b which allows Practices to stop local new patient registrations to reduce administrative burden.
- One Practice had a full list closure for three months.
- The Health and Social Care Partnership has provided tailored support to several practices experiencing sustainability issues.
- The Health and Social Care Partnership has taken part in wider NHS GGC Property Strategy and attended the NHS GGC Property Strategy Summit in February 2023.
- Work has begun on our local Property Strategy for East Renfrewshire, including GP Practice premises, to help design an estate to deliver Primary Care Services for the future.

#### 4.5 Primary Care - Prescribing

41. As well as the valued work our PCIP Pharmacy Team deliver in our Prescribing Hub and in our local GP Practices, we also have a small team of Prescribing Support Pharmacists (PSP). Over the last year, as we emerged from the Covid Pandemic, our PSP team have begun to return to tasks to help with recovery, savings and patient safety work. Given the rising cost of medicines and early

forecast about prescribing budget we have taken a number of actions which we continue into 2023-24.

- Attended NHS GGC Board wide prescribing summit February 2023.
- Held East Renfrewshire Prescribing Summit to agree local action plan.
- Re-established local Prescribing Group quarterly meeting – with GP reps, Community Pharmacy lead, Clinical Director and Pharmacy team.

#### 4.6 Dementia Care Specialist Improvement Lead Programme

42. Laura Herron, Care Home Liaison Nurse has completed a poster to show a change project, completed as part of the Dementia Specialist Improvement Lead (DSIL) programme. The work considered the correlation between physical health concerns and increased distress for those living with Dementia.

**How are you feeling?**

Considering the correlation between physical health concerns and increased distress for those living with dementia

Laura Herron, Care Home Liaison Nurse, Eastwood Health and Care Centre

NHS Greater Glasgow and Clyde  
EAST RENFREWSHIRE DISTRICT AND SPECIALIST CARE PARTNERSHIP

**Background**

On commencement of my current post it became evident that physical health checks were not consistently being completed prior to a new referral to the service or contact to the care home team. This resulted in mental health care home liaison staff spending time ruling out possible physical causes of distress prior to being able to have active input with the patient. Physical causes of distress should be ruled out in the first instance, particularly if onset of symptoms is rapid or dramatic. Warner and Hacking (2011).

Should physical concerns go unaddressed, the risk of delirium increases resulting in higher mortality rates, Health Improvement Scotland (2014).

It is also possible these individuals' symptoms of distress are treated with antipsychotic medication which can lead to increased falls risk, as well as a higher mortality rates, while underlying conditions potentially go untreated.

**Method**

Appreciative Inquiry was used to consider areas of practice and consider what changes would best support the service and care homes.

**1 DISCOVER**  
**2 DREAM**  
**3 DESIGN**  
**4 DO**

**Discover** – Care home staff had good working relationships with the care home liaison team and were open to advice support provided by the service. Care home staff know their residents very well and were, for the most part, able to identify early changes to presentation.

**Dream** – Care home staff being more robust in addressing possible reversible physical causes of distress prior to making a referral to mental health services. This would result in appropriate and timely treatment for the individual, reduced frequency of distress for the person, and the care home liaison service would be able to be more responsive in supporting individuals who are distressed, and a reduction in the use of antipsychotic medication.

**Design** – As a care home liaison service we considered what input the service was having with care homes. This highlighted at point of referral much of initial assessment was spent addressing underlying physical issues including pain, infection and constipation. From this it was agreed this area required to be addressed. This was discussed with care homes and communication back to the referring GP was developed.

**Do** – A number of Plan, Do, Study, Act (PDSA) cycles were completed. First cycle was simply asking care home staff to complete physical health checks, by obtaining bloods, urine sample and pain assessment. Second and third cycle were the development and amendment of a letter to referring GP requesting physical health checks prior to referral being actioned. PDSA is still in progress with the development of a check list for care home staff to consider reversible causes of distress prior to referral being made to mental health team.

During the all stages of the process mental health care home liaison team provided 1 day dementia specific training which also explored the correlation between increased distress and physical wellbeing for individuals living with dementia.

**Results**

From the initial PDSA of asking care home staff to complete physical health checks verbally. This had limited and no impact with some care home engaging with the project more than others.

Communicating to the referring GP the request for care home staff to complete physical health checks resulted in increased engagement with this, it also on occasion led to GP referrals in addition to mental health service involvement.

The training which was offered to all care homes within the geographical area proved to have a positive impact on the project. It provided staff with a greater understanding and rationale for physical causes to be identified and addressed.

**Conclusion**

This is an ongoing project we have observed the service. The medication being used that already present.

By physical causes at point of referral the service being able to meet the needs of individuals who are distressed to an unmet need in the environment.

**References**

Warner, J. and Hacking, K. C. (2011) New York Care Home Book. Health Improvement Scotland (2014) What people think

## 5. Hosted Services Specialist Learning Disability Inpatient Service

### Mental Welfare Commission Inspections

#### 5.1 Netherton Unit

43. The Mental Welfare Commission completed their inspection visit on 24<sup>th</sup> November 2022. Netherton Unit is a seven bedded unit accommodating patients with learning disabilities and additional complex needs who require a longer period of rehabilitation or treatment.
44. The purpose of the visit was to follow up the actions put in place as well as reviewing delayed hospital discharges, as this had been highlighted as slow to resolve.
45. The outcome of the inspection is one recommendation has been made.

**Recommendation:** Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information detailing progress since the last review.

46. The service finalised the action plan and this was discussed at the Adult Services Clinical and Care Governance Group meeting of the 7<sup>th</sup> February 2023. The Action plan progress will be reviewed by the service.

#### 5.2 Blythswood

47. The Mental Welfare Commission completed their inspection visit on 22<sup>nd</sup> September 2022. Blythswood House is a fifteen bedded unit that provides treatment and assessment for adults that have a diagnosis of learning disability, mental illness and behavioural difficulties. There was good practice recognised such as gaining Accreditation for Inpatient Management Services (AIMS) around the patient journey.
48. The outcome of the inspection is two recommendations:

**Recommendation 1:** Managers should ensure that patient activity is prioritised and that clear plans are in place for each patient throughout the week to participate in meaningful activity. This activity should be recorded in the daily notes.

**Recommendation 2:** Service and estates managers should ensure that improvement works are carried out promptly to the benefit of the patients.

49. The service has an action plan and progress is being reviewed and updated by the managers of the service.

### 5.3 Alcohol and Drugs Partnership

50. There has been a significant focus for the Alcohol and Drugs Partnership to deliver on the national Drugs Mission to reduce and prevent drug related deaths.
51. East Renfrewshire has among the lowest number of drug related deaths in Scotland.
52. The Alcohol and Drugs Partnership views that one drugs death is too many and the focus is on prevention work.
53. Implementing the Medication Assisted Treatment Standards is a key priority. An East Renfrewshire Implementation plan has been published outlining a wide range of actions at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>.
54. The Alcohol and Drugs Partnership will continue to deliver an annual report on the key progress to the Integration Joint Board.

### 5.4 Specialist Children's Services Realignment

55. It has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 Health and Social Care Partnership Specialist Children's Services and the Board wide Tier 4 services.
56. The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other five Health and Social Care Partnership's, will be consolidated under a formal hosting arrangement within East Dunbartonshire Health and Social Care Partnership. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire's Integration Joint Board, and through other Integration Joint Board's as part of regular performance reporting.
57. The main principles that will guide the transition are as follows:
  - Services will continue to be delivered locally, and by existing teams.
  - Services will remain located within their current Health and Social Care Partnership's.
  - Services will continue to work closely in partnership with Health and Social Care Partnership colleagues.
58. While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section seven below, emphasise the

commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

59. An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.
60. The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual Health and Social Care Partnership's while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire Health and Social Care Partnership clinical and care governance forum and through the Women and Children's Directorate governance group.
61. A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

## **5.5 Staff Wellbeing and Resilience**

62. The Health and Social Care Partnership will be supporting staff by offering a range of support and services which include physical activity, mindfulness, alternative therapies, relaxation, yoga, 1 to 1 wellbeing support, training / education, counselling, Tai Chi, weight management nutrition, health condition support and socialisation.
63. The wellbeing lead has developed an information resource for staff that can signpost help available and an example of this good practice is provided for reference.
64. All HSCP Staff can access wellbeing information <https://eastrenfrewshire.gov.uk/hscp-wellbeing>. Our Wellbeing Champions Group will support this work.



6. Person Centred Care

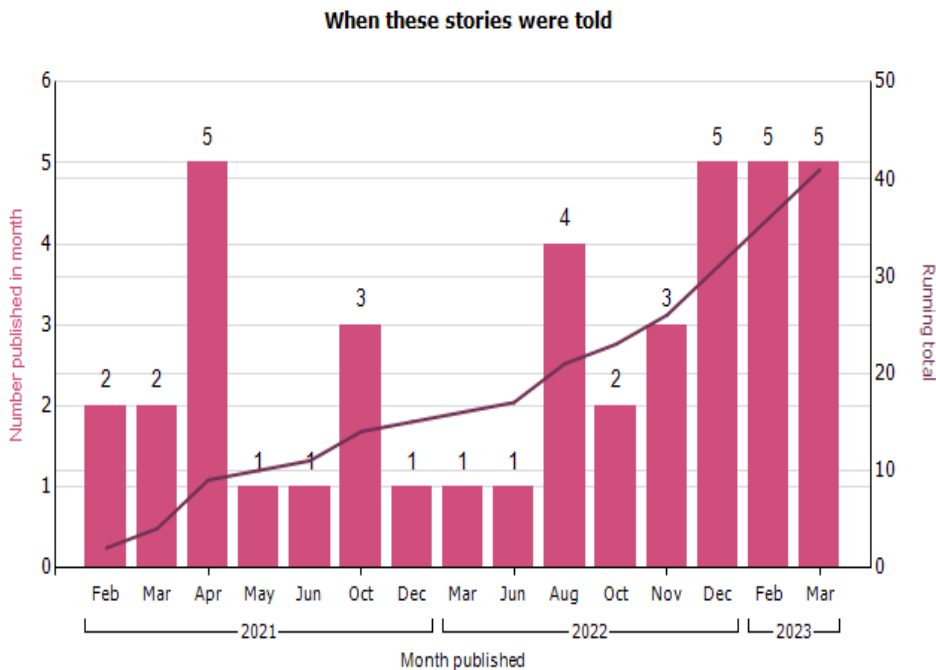
6.1 Care Opinion

65. The HSCP formally launched Care Opinion in February 2021. The Care Opinion Implementation Group is chaired by the Chief Nurse. The group is supported by Care Opinion staff and the Patient Engagement Public Involvement Team) of NHS Greater Glasgow and Clyde. Information on Care Opinion has been distributed to staff and community groups throughout the year and staff have participated in training and awareness raising sessions.

66. For 2020 – 2022 a total of 41 stories have been provided to the Health and Social Care Partnership. This information shows the progress since the launch and the increasing trend of stories received.

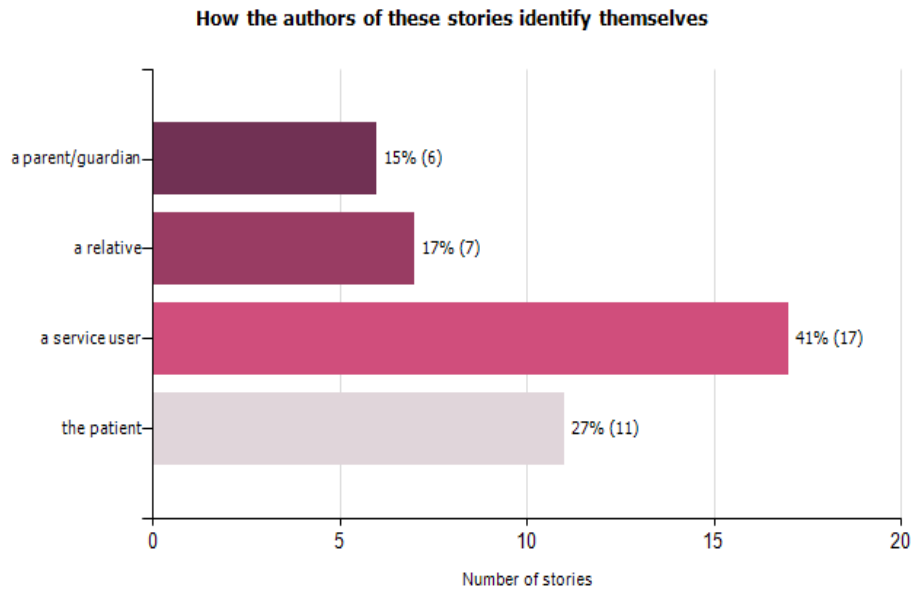
67. Table 3 shows when the stories were told 2021 to April 2023 and illustrates the increasing trend of stories received.

**Table 3 – Care Opinion Stories 2022 -2023 East Renfrewshire HSCP**



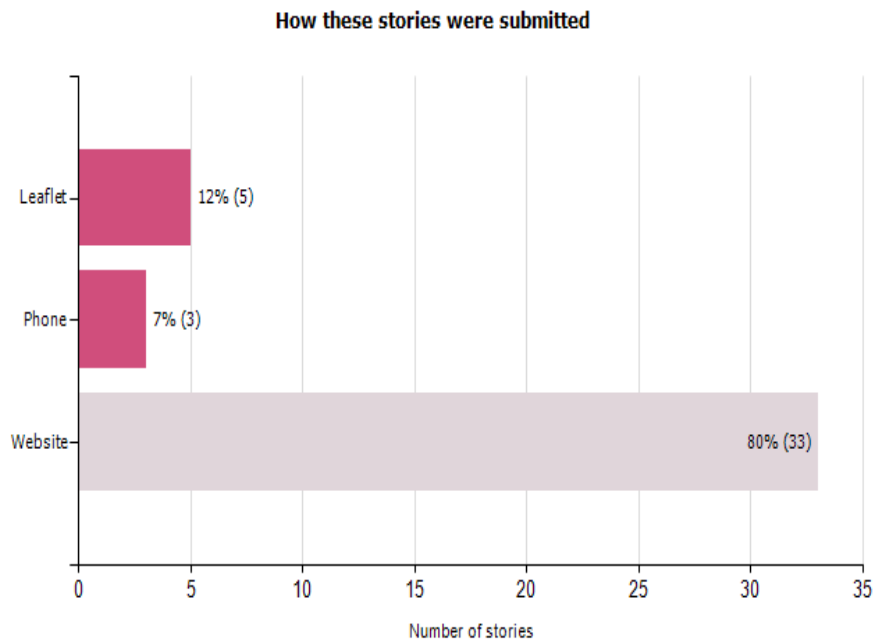
68. Table 4 shows how the authors of the stories identify themselves. The encouraging aspect to note is the 13 of the persons who have given feedback are a relative or parent or guardian.

**Table 4 – How authors identify themselves East Renfrewshire HSCP**

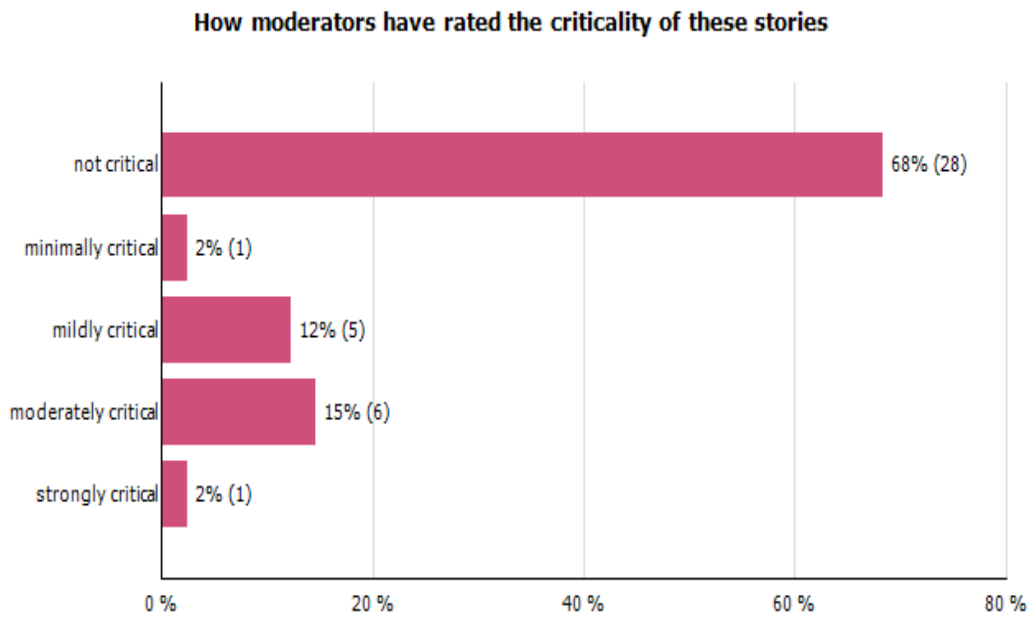


69. Table 5 shows how these stories were submitted. 80% were submitted via the website and 12% by freepost envelope and 7% by using the Freephone number. It is encouraging that people are using these accessibility options to provide their feedback.

**Table 5 - How stories were submitted 2022 -2023 East Renfrewshire HSCP**



70. Table 6 shows how Care Opinion have coded the critical nature of the stories. 68% were not critical and this is an important aspect for staff to continue to actively promote Care Opinion as part of actively encouraging all methods of providing feedback.

**Table 6 – Criticality of stories East Renfrewshire HSCP**

71. Table 7 shows the breakdown of stories by service. It is still too early to draw definite conclusions but some emerging trends to monitor are the increasing use of non-website options for Adult Services and also the proportion of critical stories for mental health services. There are unique challenges for the use of Care Opinion within mental health and there are specific staff training webinars that have been provided by Care Opinion to help address issues with responses.

**Table 7 – Service breakdown for East Renfrewshire HSCP by criticality****Story criticality by service**

This table shows the number of stories given each criticality rating per service. Only stories which have been given a criticality rating are included in this table.

Service	Rated Stories	Not rated	Not Critical (0)	Minimally Critical (1)	Mildly Critical (2)	Moderately Critical (3)	Strongly Critical (4)	Severely Critical (5)
East Renfrewshire Health & Social Care Partnership	41	0	68%	2%	12%	15%	2%	0%
Adult Health and Social Care Localities	22	0	91%		5%	5%		0%
Care & Support	3	0	33%			67%		0%
Children's Services	3	0	67%			33%		0%
Mental Health	11	0	27%	9%	36%	18%	9%	0%

**Story submission routes by service**

For each service, this table shows the number of stories submitted via different routes.

Service	Stories	Website	Kiosk	Post	Phone	Unknown
East Renfrewshire Health & Social Care Partnership	41	80%		12%	7%	
Adult Health and Social Care Localities	22	73%		18%	9%	
Care & Support	3	100%				
Children's Services	3	100%				
Mental Health	11	91%			9%	

72. The advantage of Care Opinion as a feedback mechanism is that all staff and the public can see the experiences of service users, patients and informal carers and that responses can be posted promptly on the Care Opinion website. It provides the Health and Social Care Partnership the opportunity to demonstrate that if any changes are being planned as a result of feedback, this will be clearly visible to all.

**6.2 Datix and Significant Adverse Events**

73. East Renfrewshire HSCP uses the Datix Incident Recording system. Ensuring the learning from the incidents takes place is an important aspect of clinical and care governance processes.

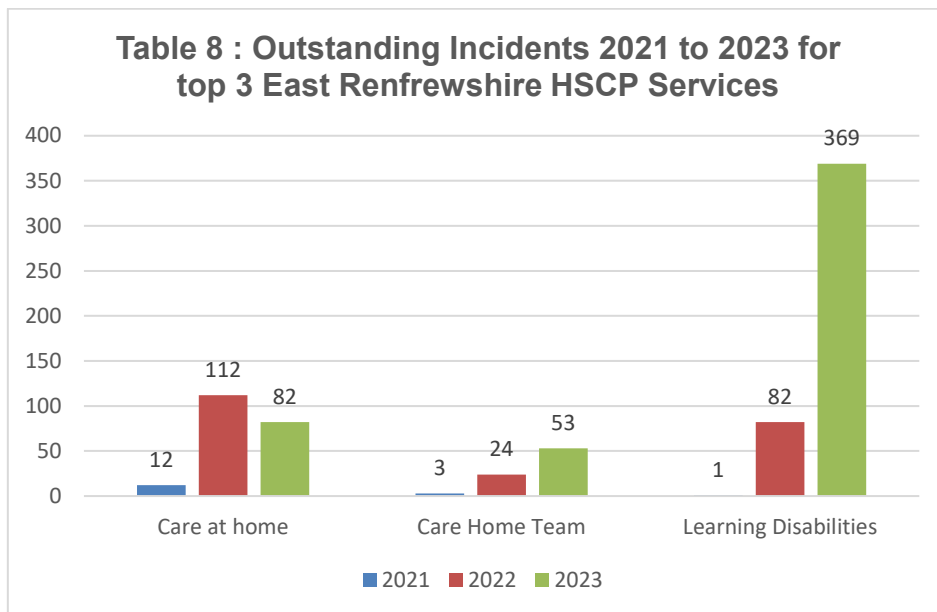
**6.3 Open Significant Adverse Event Reviews at 1<sup>st</sup> April 2023**

74. There are four that will be closed 2023 -2024.

- 75. There are two for the Community Mental Health Team, one for Health Visiting and one for Learning Disability.
- 76. The progress of all open Significant Adverse Event Reviews are reviewed by the Adult Services and Health and Social Care Partnership Clinical and Care Governance Groups, as well as the Primary Community Care Clinical Governance Forum. For the period 2022 -2024, four SAER's were closed and all of these were from the Mental Health Service.

**6.4 Outstanding Datix**

- 77. The amount of Datix incidents that are outstanding have increased for all partnerships and East Renfrewshire Health and Social Care Partnership are working on improving compliance of incidents that are placed on the Datix system.
- 78. Table 8 below highlights the number of outstanding incidents that have increased since 2021. The services with the highest number of incidents are the Learning Disability Service, Care at Home and the Care Home Team.
- 79. This is highlighted as a standard agenda item via the Adult Services Clinical and Care Governance Group.

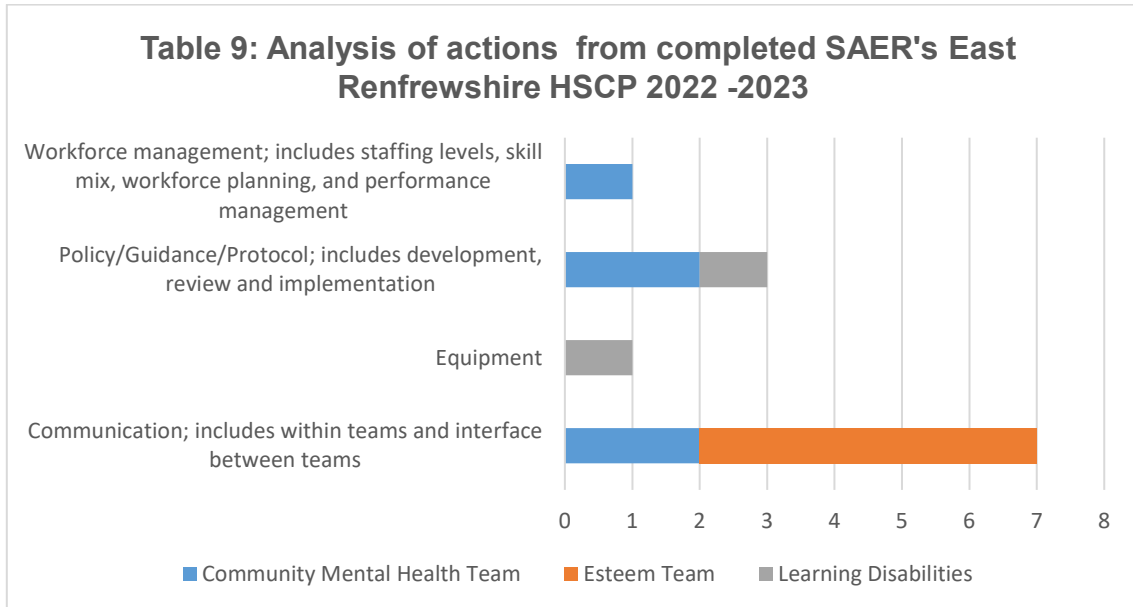


**6.5 Completed Actions from Significant Adverse Event Reviews 2022 – 2023**

- 80. There were twelve completed actions from the SAER's that were closed in 2022 / 2023.
- 81. All of the completed actions were from Mental Health Services.

- 82. Five were from the Community Mental Health team; five from the Esteem Team and two from Learning Disability.
- 83. The most common theme was communication between and within teams (58%), with Policy / Guidance / Protocol the next highest theme with 42% of the total.

This is summarised in Table 9 below



## 7. Complaints and Feedback Overview

### East Renfrewshire HSCP Complaints and Feedback

#### 7.1 HSCP Complaints

84. A total of 199 complaints were received by the Health and Social Care Partnership during 2022/2023. This is more than double the 93 received in the prior year.
85. 170 were handled at the first stage as frontline complaints, and 29 at stage 2. Table 10 below provides a breakdown per quarter.

**Table 10 Complaints 2022 -2023 by quarter**

	Q1	Q2	Q3	Q4
<b>Stage 1</b>	15	20	94	41
<b>Stage 2</b>	3	9	8	9
<b>Upheld/Partially upheld</b>	10	18	42	22
<b>Resolved</b>	6	3	47	12
<b>Not upheld</b>	2	8	13	16

86. The majority (137) of complaints received were in relation to care at home. These accounted for 69% of the total Health and Social Care Partnership complaints. Generally we do see a higher proportion of complaints within intensive services which is to be expected given the number of individuals supported within these teams, however the particular challenges experienced by care at home over the winter period led to a significant rise in complaints and this is clearly reflected across quarters three and four.
87. Of the remaining 62 Health and Social Care Partnership complaints not in relation to care at home, 35 (56%) were recorded as being either upheld, partially upheld or resolved. The main complaint issues are shown below in Figure 2 and Figure 3, secondary issues.

**Figure 2 Complaint themes Upheld / Partially Upheld 2022 - 2023**

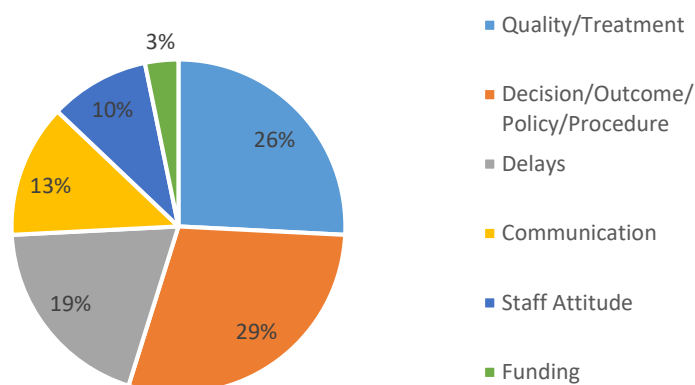
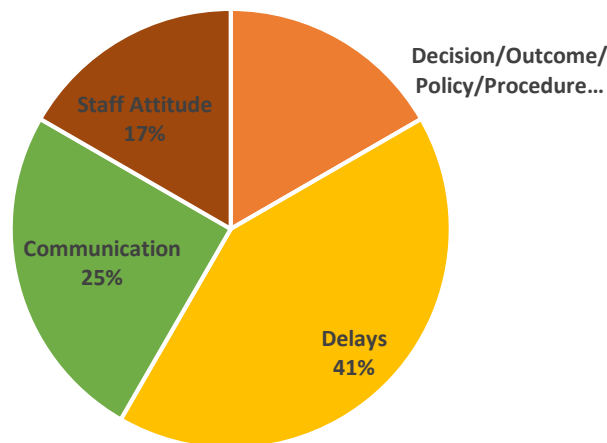


Figure 3 Secondary Issues from upheld/partially upheld



88. Learning was identified from 13 complaints, including:-

- Ensuring staff are up to date with equality and diversity training (Autism).
- Reflective piece of work with regards to pressure ulcer care and best practice (DN).
- Planned visits as part of pre-admission process (Bonnyton).
- Clear information on assessment process, review dates and initial assessment period (Bonnyton).
- Ensure appropriate parties included in reviews (Bonnyton).
- Targeted staff training (MHO, Bonnyton).
- Changes to work practices.
- Improving practice and performance.

## 7.2 Scottish Public Services Ombudsman (SPSO) Reviews

89. Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).
90. During 2022/2023 the SPSO undertook a review of one case in relation to learning disability services. A decision was provided in May 2023 in which the SPSO confirmed that they would not be taking the complaint further. After a thorough review of the case and supporting evidence the SPSO considered that the SAER completed by the Partnership was a thorough consideration of the incident and provided a reasonable response to the concerns raised by the family. The SPSO agreed that initial Health and Social Care Partnership investigation was not sufficiently robust as we had outlined in our response and provided some feedback for consideration, however they did not make any formal recommendations.

## 7.3 GP and Optometry Complaints

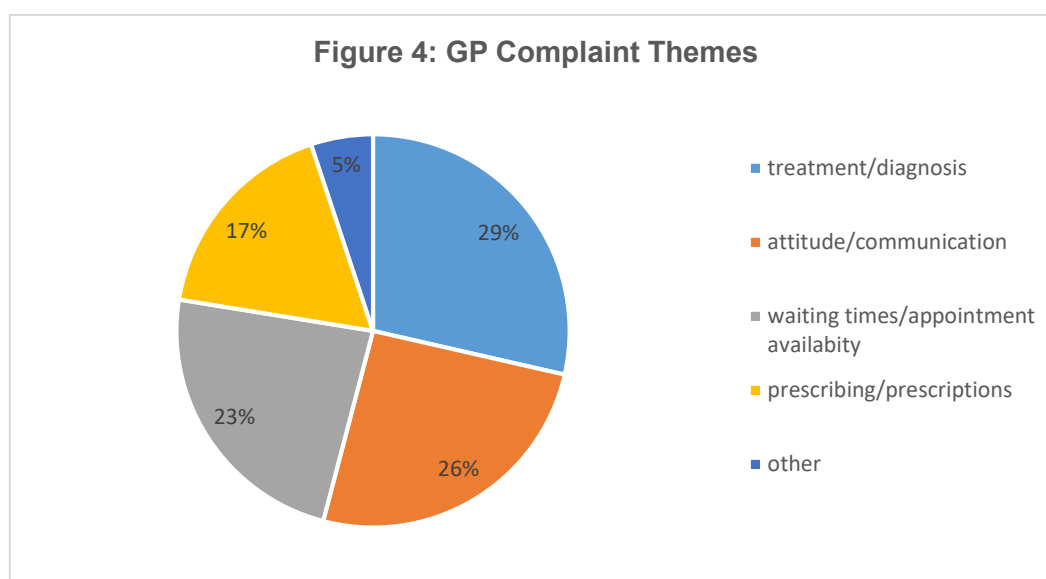
91. The HSCP is not directly involved in the management of GP and Optometry complaints, as practices have their own complaints handling procedures which also follow the same two stage approach. They do however have a contractual



obligation to complete quarterly complaints surveys which are shared with the HSCP. A summary of the data provided is below.

#### 7.4 GPs

92. The available data shows that during 2022/23 a total of 255 complaints were received by GPs. This is a 40% increase on the 182 complaints received in the previous year.
93. Of the complaints received 199 (78%) were handled at the first stage, with 94% handled within the five day timescale. On average, stage one complaints were responded to within three days.
94. 148 (74%) of stage one complaints and 26 (46%) of stage two complaints were found to be either upheld or partially upheld. Three stage two complaints were found to be irresolvable.
95. Unfortunately the data does not provide a breakdown of categories for each complaint, nor by outcome, is an overview of the types of issues raised included in Figure 4 below. It should be noted that not all of these complaints will have been upheld.



96. In terms of learning, a number of areas for improvement were identified including staff training, review of check-in procedure, review of prescription processes, and review of signposting information. Communication improvements have been made to websites, leaflets as well as text information service and social media. Some practices have also made changes to their call handling systems and practices.
97. During the year, one SPSO decision notice / investigation report was received in relation to a complaint from August 2021.

#### 7.5 Optometrists

98. The response rate to the complaints survey from optometry was considerably low and those who responded often had a nil response. Over the year, only one complaint was reported.

## 8. Implementation of Supporting People Framework

99. The purpose of this is to highlight that this framework will set out the criteria for social care in 2023- 2024.
100. There is a commitment to review the Framework through the Adult Services Clinical and Care Governance Group.
101. It is worth highlighting the work that was completed for this in 2022 – 2023 in seeking the views of the public and staff. The Health and Social Care Partnership engaged with the third sector, voluntary and carers groups to ensure the rationale for this work and to ensure clear communication routes to the Health and Social Care Partnership.
102. The reason for the new approach was the flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has meant that the Health and Social Care Partnership can no longer afford to support people without needing to think differently.
103. The policy applies to all adults, older adults and children with a disability accessing social care. This policy does not apply to children and young people with care or welfare concerns or young people leaving care where other statutory duties apply. Carers defined by the Carers (Scotland) Act 2016 where a Carers Support Plan is in place will not be impacted by this policy.
104. The Supporting People framework prioritises risk using the nationally agreed criteria into four main categories:
105. Critical, substantial, moderate and low.
106. The framework considers the severity of risks and the urgency of the requirement for intervention.
107. The Health and Social Care Partnership will focus assessed as having the most significant risks to their health, wellbeing and independent living.

## 9. Conclusion

108. East Renfrewshire Health and Social Care Partnership has faced and will continue to face major challenges in maintaining and improving services as a result of the pandemic and the wider economic challenges being experienced.
109. Future challenges for the partnership
- Increasing and changing service demand pressures.
110. In the immediate aftermath of the Covid-19 pandemic we are seeing significant increases in demand across service areas and higher levels of complexity among the people we are working with. This includes: higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services. We continue to monitor demand pressures as we move through and beyond the pandemic.
- Demographic pressures
111. These remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.
- Delivering a balanced budget.
112. The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year. There are still many financial unknowns as we work our way towards recovery and the impact and implications from the plans for a National Care Service are currently unknown.
113. Further information on our financial resources is available in our Medium-Term Financial Plan for 2022/23 to 2026/27 and our Annual Report and Accounts.
- Minimising delayed discharges from hospital.
114. In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.
- Meeting our prescribing costs.

115. The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is increasing due to a number of factors out with our control. We will work with all key stakeholders to try to mitigate the impact on our local prescribing budget over the coming year.

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<b>Meeting of East Renfrewshire Integration Joint Board</b>	Integration Joint Board
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	12
<b>Title</b>	IJB Strategic Risk Register Annual Update 2023
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.</p> <p>The risk register is reported to all Performance and Audit Committee meetings.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**27 September 2023**

**Report by Chief Financial Officer**

**IJB STRATEGIC RISK REGISTER ANNUAL UPDATE**

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risks to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)				
Likely/probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	High (Red)				
Possible/could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)				
Unlikely	1	Low (Green)	Low (Green)	Low (Green)	Low (Green)				
<b>Impact</b>		<b>Minor</b>	<b>1</b>	<b>Significant</b>	<b>2</b>	<b>Serious</b>	<b>3</b>	<b>Major</b>	<b>4</b>

4. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

## REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes since the Strategic Risk Register was last reported to the IJB in September 2022 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports available online.

### Summary of main changes

6. Since last reported to the Integration Joint Board in September 2022:-
- All risk control measures have been reviewed and updated where necessary as detailed within Performance and Audit Committee reports.
  - All risk scores have been reviewed and whilst these may have fluctuated over the year, compared to the September 2022 IJB annual update;
    - 1 risk score has increased
    - 4 risk scores have reduced
  - No new risks have been added
  - No risks have been removed

### Increase in frail older population

7. The current risk score has increased from 9 to 12. This is due to the increasing demand and complexity, particularly within our older population and the resultant increased in demand for health and social care services. There are specific pressures on social care, equipment and rehabilitation which is currently significantly impacting on our budget for these service areas.

### Workforce Planning and Change

8. This score was reduced from 16 to 12 in June 2023 as we were successful in appointing a Consultant within our Mental Health Team which reduced the overall risk, however the risk does remain high due to the ongoing capacity constraints and challenges within mental health services.

### Children and Adults with Additional Support Needs

9. This score was reduced from 12 to 9 in March 2023 following recruitment to our transitions service and the implementation of the new transitions strategy.

### Failures within IT System

10. This score was reduced from 6 to 4 in June 2023 as there have been fewer incidents of critical information not being received and our Business Continuity plan details alternative methods of communication where necessary. The ERC IT help desk system has also been updated and has improved the efficiency of resolving ICT related issues.

Business Continuity, Covid-19 and Recovery

11. This score was reduced from 12 to 9 in June 2023 given the recovery position. Should we require, we will reinstate our local HSCP resilience meetings. We have restarted our weekly huddles as we approach the coming winter. Work is also planned to review business continuity plans and undertake a desktop scenario this year.

Red and significant risks

12. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'. There are two risk which are currently red post mitigation:-
- *Financial Sustainability*: Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the cost and demand pressures the HSCP is facing. We still don't know the longer term impact of Covid-19. In addition to operational cost pressures we also need to achieve just over £7 million recurring savings by 31 March 2024.
  - Although *Failure of a Provider* and *Increase in Frail/Older Population* are scored as 9 (medium) post mitigation, they are considered to be significant risks given the potential impact on service delivery.

**IMPLICATIONS**

13. There are no implications arising as a result of this paper.

**DIRECTIONS**

14. There are no directions arising as a result of this paper.

**CONCLUSIONS**

15. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register and Performance and Audit Committee will continue to review at each meeting.

**RECOMMENDATIONS**

16. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

## REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

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0141 451 0746

12 September 2023

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Paper: 22.09.2022: Strategic Risk Register Annual Report

[https://www.eastrenfrewshire.gov.uk/media/8155/IJB-Item-13-21-September-2022/pdf/IJB\\_Item\\_13\\_-\\_21\\_September\\_2022.pdf?m=637983202036900000](https://www.eastrenfrewshire.gov.uk/media/8155/IJB-Item-13-21-September-2022/pdf/IJB_Item_13_-_21_September_2022.pdf?m=637983202036900000)

IJB Paper: 22.09.2021: Strategic Risk Register Annual Report

[https://www.eastrenfrewshire.gov.uk/media/6324/IJB-Item-16-22-September-2021/pdf/IJB\\_Item\\_16\\_-\\_22\\_September\\_2021.pdf?m=637672968724570000](https://www.eastrenfrewshire.gov.uk/media/6324/IJB-Item-16-22-September-2021/pdf/IJB_Item_16_-_22_September_2021.pdf?m=637672968724570000)

IJB Paper: 29.01.2020: Risk Management Policy and Strategy

[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 06.06.2023

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)		Likelihood (probability)
						11-16	HIGH							
						5-10	MEDIUM							
						1-4	LOW							
						L	I				L	I	LxI	
n/a	1	S	<b>Death or significant harm to vulnerable individual</b>											
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.  Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Supporting People Framework (eligibility criteria) agreed.  Social work and nursing professional leadership in place  Operate within Clinical and Care Governance Framework  ASP Quality Assurance Framework continues to be implemented and reported to APC  Quality assurance of Adult Service Improvement Plans  Senior Management rota for chairing ASP implemented  Continual audit against compliance of MHO standards  Professional supervision policy adopted for social work and social care staff.  Review of rising demands and pressure points across health and care services.  Rolling training programme.				Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk  Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23)	30/09/2023          30/09/2023				Head of Adult Services / Chief Social Work Officer	
						3	3	9			2	3	6	

4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to appear before the inquiry</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Review programme of quality assurance and training</p> <p>Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23)</p>	31/12/2023	30/09/2023	1	4

4	C	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held. This will require in year funding discussions with partners</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding, There remains financial implications to the IJB with costs such as staff cover in any service where an outbreak of</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners.</p> <p>Medium Term Financial Plan latest revision June 2023</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>The use of earmarked reserves allowed us to deal with prescribing and other costs volatility in any one year. This is diminished and we have limited reserves to support savings delivery over time.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer.</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2023/24 (including impact of fuel, utilities, pay award, prescribing short supply and other inflation costs) along with all other implications emerging or crystallising during the year.</p> <p>Continue to develop the tri-partite financial planning discussions with partners as included in our Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy is in place locally to manage the cessation of Covid support funding.</p> <p>Benchmark our local position with similar HSCP and / or national position and challenges</p> <p>Implement actions from local prescribing action plan</p>	<p>31/03/2025</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/03/2023</p> <p>30/09/2023</p> <p>31/03/2024</p>	3	4	12	Chief Financial Officer

		the virus impacts on capacity. The longer term financial impact is unclear	Ongoing monitoring of wider economic factors and inflation impacts								
		6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.	Regular monitoring and planning combined with our reserves strategy, albeit diminishing, allows us to maximise funding streams.								

5.2	5	C	<b>Failure of a Provider</b>										
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- requirement to implement contingency plans</li> <li>- impact on individuals and families with potential disruption to care arrangements</li> </ul>	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>We have robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event</p>	3	4	12	<p>Implement the commissioning plan including reshaping and redesign of services.</p> <p>Increased monitoring by Commissioning and Contracts service (reviewed jun-23)</p> <p>Review outcome of Care Inspectorate improvement notice and tailor HSCP support accordingly (Establishment E)</p>	<p>31/03/2024</p> <p>Ongoing (Review-30.09.2023)</p> <p>14/08/2023</p>	3	3	9	Chief Financial Officer / Heads of Service



			<p>that providers indicate intention to withdraw from the national care home contract</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023)</p>								
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6	C	<b>Access to Primary Care</b>									
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit posts and shortage of locums resulting in poor access for local residents.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Support Practices to amend catchment areas where appropriate</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC Escalation framework.</p>	3	3	9	<p>Work with planning department to consider impact and seek developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Mar 23)</p>	3	2	6

							Participating in NHSGGC Property Strategy Group and developing local strategy	Ongoing (reviewed Mar 23)				
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5.1	7	<b>C Increase in frail older population</b>									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p> <p>Project to support Care at Home redesign now live</p> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Strengthen management oversight of equipment requests</p>	30/09/2023	Ongoing (Review 31/03/24)	3	3
8	C	<b>Workforce Planning and Change</b>									
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p>	3	4	12	<p>Implement local mental health interim workforce plan</p> <p>Review voluntary redundancy expressions of interest and conclude process</p> <p>Strengthen reporting arrangements around SSSC registrations. <i>(Recommendations from the short-life working group established Mar-22 – to be implemented)</i></p>	31/12/2024	31/03/2024	2	4

			<p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>									
<b>2.2</b>	<b>10</b>	<b>C</b>	<b>Increase in children &amp; adults with additional support needs</b>									
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p> <p>Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood.</p> <p>Analysis of demographic changes and increased financial forecasting.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>The new Transitions service is fully recruited and strategy implemented. Transitions is also included in R&amp;R Programme</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	30/09/23	3	2	6	<p>Chief Officer HSCP</p>

5.3	11	C	<b>In-House Care at Home Service</b>										
			<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management. Due to significant absence numbers</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Winter frontline recruitment commenced</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>New scheduling system (Total Mobile) in place</p> <p>Proposed service model agreed by DMT and Programme Board established which will provide oversight to care at home redesign</p> <p>Use of intermediate care beds to allow discharge from hospital</p> <p>Enhanced management oversight of hospital discharge</p>	2	4	8	<p>Conclude work to realign staff work patters in order to maximise resource</p> <p>30/09/2023</p> <p>Continuation of Total Mobile implementation</p> <p>Ongoing</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Ongoing</p> <p>2</p> <p>3</p> <p>6</p> <p>Conclude Care at Home redesign by April 2024</p> <p>April 24</p>	2	3	6	Chief Officer HSCP	
	12	S	<b>Failures within IT System</b>										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>New ICT ticket system which has made it easier and improved the speed of releasing blocked emails.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway</p>	2	2	4	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	1	2	IT Business Partner

			<p>solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p> <p>Business Continuity Plans outline alternative arrangements should there be an issue in relation to IT network.</p>								
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13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY										
		<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p>				<p>Undertake annual review of Business Continuity Plans</p> <p>Review and identify additional staff to be trained to ensure sufficient trained Incident Officers and Loggists</p> <p>Undertake emergency scenario desktop exercise.</p>	<p>31/12/2023</p> <p>31/12/2023</p> <p>31/12/2023</p>				
				<b>3</b>	<b>3</b>	<b>9</b>				<b>2</b>	<b>3</b>	<b>6</b>

	14	C	ANALOGUE TO DIGITAL SWITCHOVER										
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	3	9	<p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p> <p>Monitoring global supply issues in relation to chip shortages</p> <p>Complete installation of all digital alarm units</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/01/2025</p>	2	3	6	

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	27 September 2023	
<b>Agenda Item</b>	15	
<b>Title</b>	Calendar of Meetings 2024	
<b>Summary:</b>  Proposed meetings dates for the Board for 2024.		
<b>Presented by</b>	Colin Sweeney, Democratic Services Manager, East Renfrewshire Council	
<b>Action required:</b>  That the Integration Joint Board approves the proposed meeting dates for 2024.		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**27 September 2023**

**Report by Chief Officer**

**CALENDAR OF MEETINGS 2024**

**PURPOSE OF REPORT**

1. To seek approval of proposed meetings dates for the Board for 2024.

**RECOMMENDATION**

2. That the Integration Joint Board approves the proposed meeting dates.

**REPORT**

3. In order to assist Board members in programming their diaries the proposed meeting dates for 2024 are now submitted for consideration.
4. It is proposed that meetings of the IJB be held on the following dates.  
  
Wednesday 31 January at 10am  
Wednesday 27 March at 10.30am  
Wednesday 26 June (draft accounts) at 2:30pm  
Wednesday 14 August at 10am  
Wednesday 25 September (including annual accounts) at 2.30pm  
Wednesday 20 November at 10.30am
5. Meetings in June and September will take place in the afternoon to accommodate those members of the IJB who also serve on Glasgow IJB, which has already scheduled meetings for 10.30am on those two days.
6. It is proposed that for the near future, meetings continue to take place virtually using the Teams platform. To enable real time public access to meetings, agendas will include details of how members of the public can obtain the meeting link.
7. It is further proposed that meetings of the Performance and Audit Committee be held on the same dates as the IJB, in the months of March (9.00am), June (1.00pm), September (1.00pm) and November (9.00am) with the subsequent meetings of the IJB meeting 90 minutes later on these dates.

**CONSULTATION AND PARTNERSHIP WORKING**

8. The dates suggested take into account the meetings calendar for East Renfrewshire Council. As a number of the NHS non-Executive members of the IJB also sit on the Glasgow IJB a copy of the proposed dates were sent to the Clerk to the Glasgow IJB to minimise meeting clashes. This has resulted in the amendment to the times of the meetings in June and September.

**IMPLICATIONS OF THE REPORT**

9. There are no implications arising from this report.

**DIRECTIONS**

10. There are no implications arising from this report.

**CONCLUSIONS**

11. Confirmed meeting dates will help Board members to more efficiently manage their diaries and ensure that they are able to maximise attendance at Board meetings.

**RECOMMENDATION**

12. That the Integration Joint Board approves the proposed meeting dates.

**REPORT AUTHOR AND PERSON TO CONTACT**

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Email address: [colin.sweeney@eastrenfrewshire.gov.uk](mailto:colin.sweeney@eastrenfrewshire.gov.uk)

**BACKGROUND PAPERS**

None